



PORTFOLIO MANAGEMENT ASSOCIATION OF CANADA
APPLICATION FOR AFFILIATE MEMBERSHIP

WE HEREBY APPLY FOR AFFILIATE MEMBERSHIP IN THE PORTFOLIO MANAGEMENT ASSOCIATION OF CANADA (PMAC)

APPLICANT

NAME OF CO.: _____

ADDRESS: _____

TEL: () _____ FAX: () _____

NAME OF PRIMARY FIRM REPRESENTATIVE FOR ASSOCIATION BUSINESS: _____

TEL: () _____ FAX: () _____ e-mail _____
(if other than above) (if other than above)

COMPANY:

PLEASE PROVIDE:

1. Please specify connection to industry? (eg. Custodian for Portfolio Managers (PMs), Consultant to PMs etc.)

2. Please list 3 PMAC members that are presently clients? (see link below for full list)
http://www.portfoliomanagement.org/uploadedfiles/Members_Only/Member%20List%20PMAC.pdf

Dated at _____ this _____ day of _____ 20____

(NAME OF AUTHORIZED OFFICER)

(SIGNATURE)

DATE OF EXECUTIVE APPROVAL /PMAC PRESIDENT SIGNATURE