



Capital Markets Credit Analysts Society

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NON-VOTING MEMBERSHIP APPLICATION -2 pages
(Please Print or Type)

Applicant:

Name: Title:

Dept.:

Firm:

Address: City: State: Zip Code:

Telephone: Fax:

E-mail:

For Internal Use Only: Home address: City / State / Zip:

Educational Background:

School(s): Degree(s):

Credit Analysis Experience:

Other Professional Organizations:

Industry Specialties (Choose up to 4 categories):

- Asset Manager (regulated) (AR)
Asset Manager (unregulated) (AM)
Broker / Dealer (BD)
Commercial Banks (CB)
Corporates (CP)
Country Risk (CR)
Emerging Markets (EM)
Energy Companies (EC)
Finance Companies (FC)
Other (Please specify):
Financial Institutions Other (FN)
Funds (regulated) (FR)
Funds (unregulated) (HF)
High Net Worth/Private Clients (HW)
Insurance Companies (IN)
Mortgage Banker (MB)
Municipals (MN)
Real Estate Investment Trust (REIT)

Product Specialties (Choose up to 4 categories):

- Asset-backed securities (ABS)
Commodities (Energy) (CE)
Commodities (Precious Metals) (PM)
Commodities (Other) (CO)
Credit Derivatives (CD)
Derivative Products (OTC) (DO)
Other (Please specify):
Derivative Products (Exchange traded) (DX)
Debt Financing (DF)
Equity Financing (including securities lending) (EF)
Foreign Exchange (FX)
Repo (RP)
Structured Products (e.g. credit/equity linked notes) (SP)

Function (Select all that apply):

- Chief Credit Officer (CCO)
Counterparty Credit Analyst (CA)
Credit Policy (CP)
Credit Risk Manager (CM)
Other (Please specify):
Legal/Documentation (L)
Product Specialist (Please specify):
Risk Measurement (ME)
Risk Monitoring (MO)

Applicant's Signature: Date:

I certify that the above applicant meets the membership requirements of the Capital Markets Credit Analysts Society.

Sponsor: (must be your firm's Voting Member of CMCAS)

Name: _____

Firm: _____

Department: _____

Sponsor's Signature: _____ *Date:* _____

CMCAS Membership Committee Approval: _____ *Date:* _____

Annual Dues, Non-voting *Individual Membership*: \$65.00 per year

Method of Payment:

Check enclosed

Please charge my American Express

Please charge my Master Card

Please charge my VISA

Card Number _____ Expiration Date _____

Name on Card _____

Billing Address _____ Zip Code _____

Signature _____

Cardholder's Telephone #: _____

Note: Membership Dues to Capital Markets Credit Analysts Society may be deductible as business expenses, but are not deductible as charitable contributions.

CMCAS Federal Tax ID# is 13-3546386