



Membership Application

(Rev 2025-0225)

To Become an AICA Member:

1. Completely fill out the Membership Application
2. Completely fill out the Payment Information
3. Submit completed and signed documents to AICA Membership Committee

For questions, please email membership@aicalliance.org

Membership Classification _____ Fund Sponsor _____ Specialist Firm / Product Sponsor _____
_____ Service Provider _____ Other: _____

Member Firm Name: _____

Mailing Address: _____ Work Phone: _____

_____ Website: _____

_____ Email Address: _____

LinkedIN Page: _____ Twitter Account: _____

Fund Sponsor Members

Listed CEFs: _____ Gross \$AUM _____ # Nonlisted CEFs: _____ Gross \$AUM: _____

Listed BDCs: _____ Gross \$AUM _____ # Nonlisted BDCs: _____ Gross \$AUM: _____

Total CEFs/BDCs: _____ Total Gross \$ AUM: _____ AUM as of Date: ____/____/____

Primary Contact: _____

Title: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Investment Management Contact: _____ Time Zone: EST, CST, MST, PST

Title: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Sales Contact: _____

Time Zone: EST, CST, MST, PST

Title: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

IR/PR Contact: _____

Time Zone: EST, CST, MST, PST

Title: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

Billing Contact: _____

Time Zone: EST, CST, MST, PST

Title: _____

Work Phone: _____

Fax: _____

Email Address: _____

Primary Contact:

Year Started: At Company: _____

In Industry: _____

Year & Month Born: ____ / ____

FINRA Licenses: _____

(if applicable)

CRD #: _____

(if applicable)

College / Educational Information: School(s): _____

Degree(s): _____

Please briefly describe your company and its involvement with listed / non-listed CEFs / BDCs:

Board of Directors Interest:

(Voting member)

Want to be considered for the Board of Directors? __ Yes __ No

Advisory Council Interest:

(Non-voting member)

Want to be considered for the Advisory Council? __ Yes __ No

*You are welcome to attached additional materials to this application outlining
your Board or Advisory Council experience and skills*

AICA Committee Interest:

☐ Membership ☐ Finance ☐ Content & Events ☐ Website ☐ Press & Advisor Engagement

☐ Marketing / Communication ☐ Board Development ☐ Strategic Partnerships & Lobbying

Briefly describe your experience and talents that may be of benefit to AICA and your committee /

board/ council interest above: _____

Membership Dues Information

Membership Dues: \$ _____ Payments: Semi Annual / Annual (circle one)

Need Invoice?: ☐ Yes ☐ No Payment: ☐ Check / Wire / ACH ☐ Credit Card Card Type: _____

Name on Card: _____ Card Number: _____

Expiration Date: ____ / ____ / ____ Security Code: _____ Billing Zip Code: _____

Authorized Signature: _____ Title: _____

Optional References

Name: _____ Phone: _____

Email: _____ Company: _____

How & how long you've known them?: _____

Name: _____ Phone: _____

Email: _____ Company: _____

How & how long you've known them?: _____

Membership Application Confirmation:

I affirm that the information contained in this application for membership is correct and true to the best of my ability and knowledge. I will keep AICA informed and updated on any material changes to the information.

Member Applicant Name: _____

Member Applicant Signature: _____

Date: ____ / ____ / ____

AICA USE ONLY ♦ **CONFIDENTIAL**

Accepted by Membership Committee:

Name: _____

Title: _____

Date: ____ / ____ / ____

Signature: _____

Board of Directors Vote: ____ In Favor ____ Opposed ____ Abstained

Date: ____ / ____ / ____



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