

Affiliate membership application - 2019

The firm named below:

- applies to join The Investment Association as an Affiliate member,
- confirms that it believes that nature of its business is such that it is eligible to be admitted as an affiliate member, and
- acknowledges that it will upon admission to membership be bound by the [Memorandum and Articles of Association](#) of The Investment Association, and so additionally any rules made thereunder, including as to the payment of fees.

Full legal name of Applicant firm	
Address	
Number of UK based employees	
Type of Organisation	<input type="checkbox"/> Legal <input type="checkbox"/> Consultancy <input type="checkbox"/> Accountancy <input type="checkbox"/> Business / Fin Tech <input type="checkbox"/> Business Services <input type="checkbox"/> Other

Name of person authorised to represent the Applicant firm in relation to this application.	
Address	
Email	
Telephone	

Attestation (this must be completed)

The Applicant firm confirms that the information provided is correct as at [insert date]

..... Signed on behalf of the Applicant firm