



PROFESSIONAL MEMBERSHIP APPLICATION

(For Individuals from Professional Service Firms and Nonbank Entities)

Qualifications: Professional Representatives shall be those persons who meet all professional requirements set by the Board for such membership, who are employed by organizations and entities not eligible to be Institutional Members but who are regularly involved in identifying and managing credit, operational and market risk for their own organizations or directly assisting financial institutions in carrying out their risk-related mission. (Examples include accountants, attorneys, insurance professionals, credit/risk department professionals and similar consultants.) Professional Representatives may participate in RMA activities appropriate to their interest and expertise.

RMA is an association of leaders in financial risk management, and the professional firms that serve the financial industry. Our purpose is to help highly successful professionals make better management decisions. By sharing the latest techniques through our chapter meetings, conferences, and seminars, we provide unique opportunities for you to hear the industry's best risk managers. Our publications and information services keep financial professionals like you up-to-date on important issues. You will receive:

- The RMA Journal 10 times a year with updates on the latest RMA risk management tools and research. In addition, the online Journal is available 24/7 to easily find content, archive articles, and contact RMA authors and advertisers—at no additional cost.
- Downloads of Journal articles and study packs at no cost!
- Substantial member discounts on all RMA products and services.
- Key studies on important banking issues like: risk appetite, CRE loan workouts, ALLL, stress testing, and the 2009 RMA/AFS State of Enterprise Data to Support Credit Risk Management.
- Recorded Web seminars and audioconferences on today's most important issues.
- Accounting Roundup Updates
- Regulatory updates

RMA membership is cost effective: only \$250.00* per individual each year. (Most local chapters also charge a fee for chapter membership which is not included in this fee.)

I. COMPANY INFORMATION (Please Print or Type)

Full Institution Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Main Phone: (_____) _____ Fax: (_____) _____ Company's Web Site: _____

Type of Business (Required): _____

Briefly describe how you are involved in financial risk management (Required): _____

II. NAME YOUR PROFESSIONAL MEMBER

Mr. Ms. Mrs. Title (e.g., EVP, SVP, etc.): _____

Last Name: _____ First: _____ MI: _____ Nickname: _____

Business Address (if different from above): _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____ Fax: (_____) _____ E-mail: _____

This section must be completed in order to process your application.

Which best describes your job function?

Check one only.

- | | |
|---|---|
| <input type="checkbox"/> Auditor | <input type="checkbox"/> Portfolio Management Officer |
| <input type="checkbox"/> CEO/President | <input type="checkbox"/> Regulator/Examiner |
| <input type="checkbox"/> COO/CFO/Managing Director | <input type="checkbox"/> Relationship Manager/Lender |
| <input type="checkbox"/> CPA/Attorney/Appraiser | <input type="checkbox"/> Risk Management Officer |
| <input type="checkbox"/> Credit Admin/Department | <input type="checkbox"/> Secretary/Admin. Asst. |
| <input type="checkbox"/> Credit Policy Officer | <input type="checkbox"/> Securities Lending |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> Securities Trader |
| <input type="checkbox"/> Human Resource/Training Director | <input type="checkbox"/> Senior Line Manager |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Student |
| <input type="checkbox"/> Loan Review/Administration | <input type="checkbox"/> Underwriter/Analyst |
| <input type="checkbox"/> Nonbank/Nonfinancial | <input type="checkbox"/> University/Librarian |

____ Years in current field

Which best describes your area of specialty?

Check one only.

- | | |
|---|---|
| <input type="checkbox"/> Agricultural Lending | <input type="checkbox"/> IT |
| <input type="checkbox"/> All Credit Activity | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Audit | <input type="checkbox"/> Life/Health Insurance |
| <input type="checkbox"/> Commercial Banking | <input type="checkbox"/> Nonbank/Nonfinancial Institution |
| <input type="checkbox"/> Consumer/Retail Banking | <input type="checkbox"/> Nonprofit University |
| <input type="checkbox"/> Corporate Office | <input type="checkbox"/> Operational Risk |
| <input type="checkbox"/> Credit Department | <input type="checkbox"/> Operations |
| <input type="checkbox"/> Credit Risk | <input type="checkbox"/> P&C Insurance |
| <input type="checkbox"/> Custody | <input type="checkbox"/> Private Banking/Wealth Mgmt. |
| <input type="checkbox"/> Enterprise Risk | <input type="checkbox"/> Real Estate Lending |
| <input type="checkbox"/> Finance Function | <input type="checkbox"/> Sales and Marketing |
| <input type="checkbox"/> Funds Management | <input type="checkbox"/> Securities Lending |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Securities or Fixed Income Trading |
| <input type="checkbox"/> International/Global Banking | |
| <input type="checkbox"/> Investment Banking | |

(If applicable) Previously, I was an RMA Associate with: _____ City: _____

Preference for Chapter Affiliation (if known): _____

PAYMENT INFORMATION

Check enclosed** (see proration), or VISA MasterCard AMEX Diners Club Discover Card

Account Number: _____ Expiration Date: _____

Signature _____

(I understand my signature authorizes The Risk Management Association to charge my credit card for this purchase.)

**Please complete this form and return it via fax to 215-446-4100 or e-mail member@rmahq.org,
or mail to: RMA, 1801 Market St., Suite 300, Philadelphia, PA 19103. Phone 215-446-4150;
Be part of something special. Join today.**

****PROFESSIONAL DUES PRORATION SCALE**

RMA's fiscal year is September 1 through August 31.
Membership takes effect upon payment of dues*.
**Pay the following amount if you submit your application
during the month of:**

September	Pay	\$250.00	12 months of membership
October	Pay	\$229.17	11 months of membership
November	Pay	\$208.33	10 months of membership
December	Pay	\$187.50	9 months of membership
January	Pay	\$166.67	8 months of membership
February	Pay	\$145.83	7 months of membership
March	Pay	\$125.00	6 months of membership
April	Pay	\$104.17	5 months of membership
May	Pay	\$83.33	4 months of membership
June	Pay	\$312.50	15 months of membership
July	Pay	\$291.67	14 months of membership
August	Pay	\$270.83	13 months of membership

Our goal is to become your most convenient source for risk-related information services and products that are most relevant to you. If you do not wish to receive such information, please check the appropriate box(es): Not via e-mail Not via fax. You may also call 1-800-677-7621, send an e-mail to customers@rmahq.org, or visit www.rmahq.org. Please note: RMA does NOT share with third parties any personal identification information you may provide us.

****WEB ACCESS TO MEMBER INFORMATION**

RMA has a policy that professional members may access only the contact information on other professional members via the RMA Web site.

The policy was developed after careful consideration regarding the privacy of our members. We have repeatedly received direct feedback from associate members that they do not wish their contact information made available to other segments of our membership. Of course, RMA never rents or sells our membership file to any outside organizations either.

We understand the desire of all members to take advantage of their membership in RMA for networking purposes. Chapter meetings are an effective way to network with other RMA members in your community.

In addition, we provide our associate members access to contact information on professional members. This ensures that an RMA associate member shopping for a product or service offered by your firm has the necessary information to reach you.

We hope you understand our need to respect the privacy wishes of our associate members.