

Associate Member Application

Company _____

Address _____

City _____ State _____ Zip _____

Telephone (800#) _____ Fax _____

Website Address _____ General E-Mail _____

Media Contact* _____ Title _____

Telephone _____ E-Mail _____ Fax _____

*Indicate the name of your company's senior press officer. Media inquiries will be directed to this person.

For Corporate Associate Membership please include information for two (2) representatives;
for Individual Associate Membership provide information for one (1) representative.

Name: _____ Name: _____

Title: _____ Title: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

E-Mail: _____ E-Mail: _____

Please provide a description of your firm and how it serves the Closed-End Fund Industry:

☐ Corporate Associate Membership \$2,500

☐ Individual Associate Membership \$1,000

Total Dues Enclosed \$_____

Please complete and attach your check to this form. Payments in U.S. dollars only.

Make check payable to: Closed-End Fund Association, Inc.
2345 Grand Boulevard
Suite 1750
Kansas City, MO 64108