

Fund Company Application

Company _____

Address _____

City _____ State _____ Zip _____

Telephone (800#) _____ Fax _____

Website Address _____ General E-Mail _____

Board Member* _____ Title _____

Telephone _____ E-Mail _____ Fax _____

Media Contact** _____ Title _____

Telephone _____ E-Mail _____ Fax _____

* Indicate the name of your company's representative to serve as the CEFA contact and as a member of the Board of Directors. This person should be at Vice President level or above.

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

Indicate Those Funds to be Listed in Membership. Attach Separate Sheet if Needed.

Fund Name	Total Net Assets	Category
	<i>Common Shares Only</i>	<i>(Equity/Non-Equity/Non-U.S.)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Equity Assets \$ _____ Dues \$ _____

Total Non-Equity Assets \$ _____ Dues \$ _____

Total Non-U.S. Registered Assets \$ _____ Dues \$ _____

Per Fund Charge _____ x \$250 \$ _____

Total Dues \$ _____

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

