



The New York Chapter of RMA Membership Application

By joining The New York Chapter of RMA, you will gain special knowledge of the financial services industry as well as realize many opportunities for personal and professional growth, including:

- Invitations to New York Chapter events and educational programs
- Subscription to the New York Chapter newsletter
- Workshops, roundtables, and special reports on current and anticipated industry developments, expert opinion on best practices, and the experience of peer organizations
- Discounts on all New York Chapter programs

You must answer the following questions for us to process your application:

1. What best describes the organization unit in which you work as a risk management professional? (check one):

- Commercial banking
- Investment banking
- Securities trading, brokerage
- Insurance/reinsurance
- Asset management
- Regulation, supervision, policy oversight of financial services
- Research
- Other (please specify) _____

2. Is your professional risk management experience (check one):

- Senior executive (more than 10 years experience)
- Middle management/staff executive (5 or more years experience)
- Recent or entry level executive (less than 5 years risk management experience)

3. What risk management topics are of greatest interest to you and your career at this time? (check all that apply):

- Credit Risk
- Market Risk
- Operations Risk
- Enterprise-wide Risk
- Quantitative risk analytics and financial modeling
- Other (please specify) _____

Please print or type:

Mr. Ms. Last name _____
 First name _____ MI _____
 Title (e.g., EVP, SVP) _____
 Department _____
 Institution or professional affiliation _____ or In transition
 Business address _____

 City _____ State ____ ZIP _____
 Phone _____ Fax _____ Email _____
 Home address _____

 City _____ State ____ ZIP _____

Method of payment:

Check for \$50.00 enclosed (Make check payable to: RMA, NY Chapter)
 Charge my credit card (Amex, MasterCard, or VISA)
 Card number _____
 Expiration date _____ CVC code _____
 Cardholder name _____
 Telephone number _____
 Billing address _____
 City _____ State ____ ZIP _____
 Cardholder signature _____
 X _____

You can join The New York Chapter as an individual even if your institution or affiliation is not currently a member. Your annual dues for The New York Chapter are separate from membership fees paid to RMA Headquarters.

Mail your membership application to:
 The New York Chapter of RMA
 25 North Broadway
 Tarrytown, NY 10591

Fax your application to: 914-332-1541

For information call: 914-332-0040 x 331
 or email: rma@rmany.org