

Qualifications: Academic Representatives shall be those persons who meet all 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 instructing and advising on the mitigation of credit, operational and market risk for their own institution's curriculum. Academic Representatives may participate in RMA activities appropriate to their interest and expertise.



ACADEMIC MEMBERSHIP APPLICATION

(For Individuals from Universities, Colleges and Business Schools)

RMA is an association of leaders in financial risk management, and the professionals who serve the financial services 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 from 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. At the local level you will have full access and invitations to local chapter events. Your membership entitles you to generous discounts on useful products, including RMA's *Annual Statement Studies* (15% off the non-member price). Plus throughout the year you will receive special reports/hot topics of interest, which may also be accessed through the **Members Only sections of the RMA Web site.*****

RMA membership is cost effective: only \$150* per individual each year. (Most local chapters also charge a fee for chapter membership which is not included in this fee.)

Please complete this form and return it to: RMA Member Services, via fax 215-446-4100, or by mail to: 1801 Market Street, Suite 300, Philadelphia, PA 19103.

I. COMPANY INFORMATION (Please Print or Type)

Full Institution Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Main Phone: (____) _____ Fax: (____) _____ Company's Web Site: _____
 Type of Business: _____
 Briefly describe how you are involved in financial risk management: _____

II. NAME YOUR ACADEMIC MEMBER

Dr. Mr. Ms. Mrs. Title (e.g., EVP, SVP, etc.): _____
 Last Name: _____ First: _____ MI: _____ Nickname: _____
 Business Address (if different than 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"/> Nonbank/Nonfinancial |
| <input type="checkbox"/> CEO/President | <input type="checkbox"/> Portfolio Management Officer |
| <input type="checkbox"/> COO/CFO/Managing Director | <input type="checkbox"/> Regulator/Examiner |
| <input type="checkbox"/> CPA/Attorney/Appraiser | <input type="checkbox"/> Relationship Manager/Lender |
| <input type="checkbox"/> Credit Admin/Department | <input type="checkbox"/> Risk Management Officer |
| <input type="checkbox"/> Credit Policy Officer | <input type="checkbox"/> Secretary/Admin Asst |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> Securities Lending |
| <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"/> University/Librarian |
| | <input type="checkbox"/> Professor/ Dean/ Teaching Asst |

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

**Questions? Please call RMA Member Services at 215-446-4150 or fax us at 215-446-4100
 E-mail us at member@rmaHQ.org. Be part of something special. Join today.**

* Dues are not transferable or refundable.

** Over

****ACADEMIC ASSOCIATE 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	\$150.00	12 months of membership
October	Pay	\$137.50	11 months of membership
November	Pay	\$125.00	10 months of membership
December	Pay	\$112.50	9 months of membership
January	Pay	\$100.00	8 months of membership
February	Pay	\$87.50	7 months of membership
March	Pay	\$75.00	6 months of membership
April	Pay	\$62.50	5 months of membership
May	Pay	\$50.00	4 months of membership
June	Pay	\$187.50	15 months of membership
July	Pay	\$175.00	14 months of membership
August	Pay	\$162.50	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**

Academic Membership is a subclass of Professional Representatives of RMA.

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.

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.