



Institute for Portfolio Alternatives

Membership Application | Associate

Company Information:

Name of Company: _____

Years in business: _____ Website: _____

Brief description of your firm:

Your Firm's Contacts with IPA:

Primary Contact: _____ **Title:** _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Dues Contact: _____ **Title:** _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Brief description of experience with DPPs:

List sponsors of DPPs that you have provided services for in the past:

Type of Industry:

Accounting Advertising/PR Bank Compliance Due Diligence Legal Technology

Transfer Agent Trust Company Other (please specify) _____

IPA Associate Dues Schedule:

Associate's dues levels are based on total "Gross Industry Related Revenue" earned by the Associate and its affiliates. "Gross Industry Related Revenue" means all revenue received (before reduction for any expenses) in connection with products or services provided to sponsor organizations, issuers, broker-dealers, financial advisors, investors and other service providers with respect to public and private direct participation programs (non-traded limited partnerships and limited liability companies), public and private non-listed REITs, BDCs, Managed Futures and other alternative investments offered or distributed by IPA member firms.

Please indicate your firm's dues level:

Gross Industry Related Revenue	0 - \$250,000	\$250,000 - \$500,000	\$500,000 - \$1M	\$1M - \$2.5M	>\$2.5M
Dues Level	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$7,500	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$12,500	<input type="checkbox"/> \$15,000

References:

Industry Reference:

Company: _____

Name: _____ Title: _____

Email: _____ Phone: _____

Company: _____

Name: _____ Title: _____

Email: _____ Phone: _____

IPA Member Reference, if any:

Company: _____

Name: _____ Title: _____

Email: _____ Phone: _____

Company: _____

Name: _____ Title: _____

Email: _____ Phone: _____

Additional Firm Contacts:

Name: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____



Name: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Name: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Name: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Membership Interest:

How did you hear about us:

Recruited Mailing Web Referral

Please prioritize your membership interest in order of importance (1-4):

Education ____ Networking ____ Conference ____ Industry Resource ____

Other (please specify): _____

Membership Terms:

Our firm has read the IPA's Code of Conduct (a copy of this can be found on our web site www.ipa.com) and will comply with these to the extent applicable. We agree that our logo and name can be listed as an IPA Member. (a .jpg file should be provided to tmesterharm@ipa.com)

Company Officer's Signature: _____ Date: _____

Print Name: _____ Title: _____

Notice: IPA membership dues run on a calendar year—once approved, you will receive a prorated invoice based upon the date you join.

For questions, please contact us at **202-548-7190**.

Please email your completed application to ipa@ipa.com or mail to:

Institute for Portfolio Alternatives
P.O. Box 480
Ellicott City, MD 21043

