



Institute for Portfolio Alternatives

Membership Application | Registered Investment Advisor

Company Information:

Name of Company: _____

Years in business: _____ IARD/CRD#: _____ 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: _____

Are you affiliated with a Broker-Dealer firm? Yes No | If yes, name of firm: _____

Firm Registration: State Federal | If state, please list where you are registered: _____

Number of Registered Investment Advisors: _____ Assets Under Management: _____

Do you allow DPPs on your advisory platform? Yes No (If so, please provide you ADV form.)

DPP Assets Under Management: _____

Brief description of prior experience with DPPs:

Approx. % of reps that are actively utilizing DPPs: _____ What % of your firm's revenue are DPPs? _____

Current DPPs being offered: _____

References: (Please provide a minimum of two references total.)

Company: _____

Name: _____ Title: _____

Email: _____ Phone: _____

Company: _____

Name: _____ Title: _____

Email: _____ Phone: _____

Sponsor Firm References:

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:

President/CEO Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Chief Operating Officer Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Marketing Dept. Name: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Operations Dept. Name: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Compliance Dept. Name: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Legal Dept. Name: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Finance Dept. Name: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____



IT Dept. Name: _____ **Title:** _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Administration Dept. Name: _____ **Title:** _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Please attach a list of additional contacts if needed.

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 (an EPS or Illustrator file should be provided to tmesterharm@ipa.com).

Company Officer's Signature: _____ Date: _____

Printed 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

