



## **Purpose**

**NAMA** is an organization of professionals specializing in providing financial advice to public agencies regarding infrastructure financing, long-term capital improvement, marketing of debt issues, and other municipal advisory engagements. The association brings together leading independent firms and other industry participants to concentrate efforts on improving the service and support to, and protecting the best interests of, public agencies.

## **Affiliate Membership**

Any person who is employed as a Municipal Advisor that is registered and in good standing with the SEC and MSRB but does not otherwise qualify for membership as a Firm Member may join NAMA as an Affiliate Member. Examples of Affiliate Members would be those persons who work for a broker/dealer or bank dealer and provide municipal advisory services.

## **Annual Dues**

Annual dues for an individual Affiliate Member is \$1000 and is for a calendar year.

## **Information and Membership Application**

Those persons interested in becoming Affiliate Members may complete this application and submit it to NAMA headquarters. Your membership application will be reviewed by the Membership Committee and Board of Directors. A member of the Membership Committee may contact you if there are questions or if additional information is required regarding your application. Upon approval, an invoice for your annual membership dues will be sent. No membership is considered active until membership dues are received. For further information, please contact NAMA headquarters:

Susan Gaffney, Executive Director  
National Association of Municipal Advisors  
1990 MacArthur Boulevard  
Suite 1100  
Irvine, CA 92612-2445  
Phone: 844-770-NAMA  
[nama@municipaladvisors.org](mailto:nama@municipaladvisors.org)

## NAMA Application for Affiliate Membership

Thank you for your interest in becoming a NAMA Affiliate Member. Please complete the following and submit the application for consideration.

<b>Applicant and Company Name</b>			
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Telephone Number</b>		<b>Fax Number</b>	
<b>Email</b>	<b>Leave Blank for NAMA Administration</b>		

**Type of Firm:**       **Broker Dealer**       **Bank Dealer**  
 **Other** \_\_\_\_\_

**Is the applicant registered and in good standing with the Securities and Exchange Commission (SEC) and the Municipal Securities Rulemaking Board (MSRB)?**

Yes     No

**Please provide the following information:**

EDGAR CIK# \_\_\_\_\_ MSRB Number \_\_\_\_\_

*I hereby certify that the information submitted as a part of this application is truthful and accurate.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*