

Membership Application Form for CAIA members

All questions to be answered and printed in ink and in block capitals.

1. Which type of Membership are you applying for? Associate (ACSI) Full Member (MCSI)

CISI Candidate/Membership number (if applicable) _____ **CAIA Number** _____

(Details of these and all admission criteria can be found on our website cisi.org/CAIA)

2. Personal details

Title _____
First name(s) _____
Last name _____
Home address _____

Postcode _____
Tel. (include country and local code) _____
Mobile _____
Email _____
Date of birth DD/MM/YYYY _____
Former name(s) if any _____

3. Work details

Firm name _____
Job title _____
Department _____
Firm address _____

Postcode _____
Tel. (include country and local code) _____
Email _____

4. IntegrityMatters

Obtaining a pass in the CISI's IntegrityMatters is a requirement for CISI membership.

For more information please go to cisi.org/integritymatters

I have passed the IntegrityMatters test

I will pass IntegrityMatters to activate my membership

5. Qualifications/Experience

I am a Chartered Alternative Investment Analyst Association Member I have three years' or more experience

(Please attach copy of CV)

6. Communications Preferences

 Please tell us what information you would like to be contacted about

Additional Events: Training Courses Conferences Branch Dinners

Other: Research Surveys Jobs Online

Professional Forums and Interest Groups events in London:

Bond and Fixed Interest Compliance Corporate Finance International Regulation Financial Planning FinTech

Risk Wealth Management Young Professionals Training, Competence and Culture Paraplanner Operations

Study: Qualifications Bulletin New Qualifications and Pathways Revision Tools

Telephone Communications: Membership Qualifications Events

Your Membership: Membership Upgrades CPD, Networking and Social Events Online Learning Member Survey

The Review Digital Articles The Review Print Magazine Member Updates and News

Membership Directory: Opt in Membership Directory

7. Contact information (tick one)

Correspondence to be delivered to:

Work

Home

Who will pay annual subscription?

Firm

Self

If firm, please provide the following information:

Contact name: _____

Dept: _____

Cost centre: _____

Address (if different from above): _____

8. Disciplinary history (tick one)

- 1. I have been convicted of a criminal offence Yes No
Please note that you do not need to disclose protected convictions that are filtered from a standard and enhanced Disclosure and Barring Service (DBS) check.
- 2. I have entered an Individual Voluntary Agreement (IVA) or equivalent agreement with my creditors or have been adjudged bankrupt or insolvent or compounded with my creditors. Yes No
- 3. I have been subject to disciplinary proceedings by the FCA, other regulator or any professional body within the past five years. Yes No
- 4. I have been subject to a disciplinary investigation by my firm that has led to disciplinary action being taken against me. Yes No

Please provide details with your application if you have responded Yes to any of the above.

9. Declaration

- 1. I agree to the CISI contacting the CAIA Association about me, to obtain information to assist with the processing of my membership application form.
- 2. On applying to become a member of the Chartered Institute for Securities & Investment I agree to abide by the Royal Charter, By-laws, Regulations, and to uphold its high standards as published in its Professional Code (all available from website). Any breach of the Regulations may give rise to disciplinary procedures and termination of my membership
- 3. I am aware that CPD is mandatory for CISI members and agree to undertake CPD on an annual basis meeting the CISI CPD requirements to maintain my membership. I understand non-compliance of the CISI CPD requirements can lead to my membership being suspended.
- 4. If not already achieved, to activate my membership I agree to pass IntegrityMatters. I understand that if not completed within 3 months of joining the CISI my membership will be suspended.
- 5. I know of no reason why I should not become a member

Signature: _____

Date DD/MM/YYYY

Name in full: _____

10. Payment (Please complete as appropriate)

The Institute has agreed to waive the joining fee for CAIA members. The subscription is payable at the time of application. **Thereafter, subscriptions are due annually on 1st April.** The membership fee is payable on a pro-rata basis at any stage of the year. Please ensure that you pay the correct fee for the time of year you are joining.

	Pro-Rata Fees 2023/24:		Application Period	
	(April - June)	(July - Sept)	(Oct - Dec)	(Jan - March)*
ACSI	£156	£117	£78	£195
MCSI	£226	£169.50	£113	£282.50
Total	_____		Receipt required <input type="checkbox"/>	

* Includes fee for the following subscription year.

Payment by firm:

I authorise payment to be invoiced to our general account:

Firm reference: _____

Print name: _____

Signed: _____ HR department _____

Payment by Card: I wish to pay by card.

Please contact me or other _____

by telephone/email* to make payment on my behalf.

Telephone number: _____

Email address: _____

*If you have selected via email you will receive a payment link from customersupport@cisi.org to complete.

Name: _____

Signature: _____

The CISI reserves the right to seek independent verification of all the information supplied on this application form as part of the assessment process.
 The CISI reserves the right to refuse applications where information supplied is found to be false.

Please post or email this form to:

Customer Support Centre, Chartered Institute for Securities & Investment, 20 Fenchurch Street, London EC3M 3BY

Any questions? applications@cisi.org / +44 20 7645 0777