

**SWAPS AND DERIVATIVES MARKET ASSOCIATION**  
555 MADISON AVENUE, 25<sup>TH</sup> FLOOR, NEW YORK, NY 10022

**Membership Application**

**FIRM INFORMATION:**

Legal Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Website: \_\_\_\_\_

Parent Firm (if any): \_\_\_\_\_

FCM (if any): \_\_\_\_\_ No. Employees: \_\_\_\_\_

Market(s) your firm currently participates or intends to participate in (Check all that apply):

- |                                    |                                       |  |  |
|------------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> Corporate | <input type="checkbox"/> Municipal    | <input type="checkbox"/> Government/Agency | <input type="checkbox"/> Credit Derivatives  |
| <input type="checkbox"/> ABS       | <input type="checkbox"/> CDO          | <input type="checkbox"/> MBS               | <input type="checkbox"/> Interest Rate Swaps |
| <input type="checkbox"/> Funding   | <input type="checkbox"/> Money Market | <input type="checkbox"/> Equity            | <input type="checkbox"/> Funding/Repurchases |

**PRINCIPAL CONTACT:**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Department: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**SECONDARY CONTACT:**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Department: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**DUES CONTACT:**

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**ENROLLMENT:**

We hereby confirm application for membership in the Swaps and Derivatives Market Association (SDMA), and if admitted, agree to the following:

- To pay such initial dues and assessments that are agreed to by the applicant and other dues, assessments and charges in the manner and amount as shall from time to time be fixed by the Association’s Board of Directors.
- Provision of future notices will be sent by SDMA to the principal contact by means of electronic transmission.
- I hereby certify that the statements made herein are true and complete. I understand that in the event false information is given in this application or there are omissions of material facts, admission to membership in SDMA will automatically be denied.

Authorized Signatory: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Title \_\_\_\_\_  
 Date \_\_\_\_\_

**2010 DUES:**

Annual Dues for 2010 = **\$30,000**

Swaps and Derivatives Market Association  
Account#: 826-551590  
ABA#: 021-000021

JP Morgan Chase  
2 Park Avenue  
New York, NY 10016

**MAIL COMPLETED ENROLLMENT FORM TO:**

Swaps and Derivatives Market Association  
Attention: Mike Hisler  
555 Madison Avenue  
25<sup>th</sup> Floor  
New York, NY 10022

**OR EMAIL:**

mhisler@thesdma.com