



TREASURY MANAGEMENT ASSOCIATION OF SAN DIEGO APPLICATION FOR 2008 MEMBERSHIP

Dues for calendar year 2008 are \$199.00 per member. New member applications received after June 1st will be offered at a reduced rate of \$149.00.

Name: _____ Title: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email: _____

Membership Type: Corporate: Banker: Consultant: Vendor:

Number of years in Treasury Management: _____

CCM: Yes Year Certified: _____ Permanent CCM: Yes No

CTP: Yes Year Certified: _____

Are you a member of the Association for Financial Professionals? Yes No

AFP Member Number: _____

Company Annual Sales/Revenues or Total Assets: \$ _____

What industrial classification best describes your organization: _____ Sic Code (if known) _____

- | | | | |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> Banking/Financial | <input type="checkbox"/> Communication/Media | <input type="checkbox"/> Construction | <input type="checkbox"/> Government |
| <input type="checkbox"/> Health Services | <input type="checkbox"/> Hospitality/Travel | <input type="checkbox"/> Insurance | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Retail | <input type="checkbox"/> Biotech/Biomed |
| <input type="checkbox"/> Wholesale | <input type="checkbox"/> Other (please list) _____ | | |

Which of the following activities do you consider to be your primary work responsibility? Please rank UP TO FIVE activities using "1" through "5", where "1" means MOST FREQUENT.

___ Accounts Receivable	___ Bank Relationship Mgmt	___ Borrowing	___ Cash Mgmt Product Dev
___ Corporate Finance	___ Investing	___ F/X Mgmt	___ International Cash Mgmt
___ Risk Management	___ Sales Bank Prod/Service	___ Consulting	___ Other (specify) _____

Dues are not deductible as a charitable contribution, but may be deducted as a reasonable and necessary business expense. Our tax identification number is 33-0337003.

Payment Options:

Check enclosed payable to: **Treasury Management Association of San Diego**

TMA SD is authorized to charge my credit card for annual dues of \$199.00 \$149.00

MasterCard Visa Card Number: _____

Signature: _____ Expiration Date: _____ (mm/dd/yyyy)

Please remit to: TMA OF SAN DIEGO – MEMBERSHIP
PO Box 910013
San Diego, CA 92191

Visit us on the web at: www.stmda.com