



The New York Chapter of RMA Membership Application

The New York Chapter of RMA (RMA NY) is dedicated to advancing the understanding and practice of risk management and its intrinsic role in engendering enterprise success, and providing you with resources to assist you in the development of your professional career in risk management.

By joining The New York Chapter of RMA, you will enjoy all member benefits, including:

- Listing in the annual RMA NY printed Membership Directory.
- Substantial discounts on all RMA NY programs.
- Networking opportunities and a forum to exchange ideas with fellow risk professionals.
- Access to the password-protected Members section of the NY RMA website, which contains speaker presentations from recent programs as well as a searchable online directory of NY RMA members that is updated continuously.

Please answer the following questions so that we may process your application:

1. What best describes the organization unit in which you work as a risk management professional? (check one):

- Commercial banking
- Investment banking
- Securities trading, brokerage
- Insurance/reinsurance
- Asset management
- Regulation, supervision, policy oversight of financial services
- Research
- Other (please specify) _____

2. Is your professional risk management experience (check one):

- Senior executive (more than 10 years experience)
- Middle management/staff executive (5 or more years experience)
- Recent or entry level executive (less than 5 years risk management experience)

3. What risk management topics are of greatest interest to you and your career at this time? (check all that apply):

- Credit Risk
- Market Risk
- Operations Risk
- Enterprise-wide Risk
- Quantitative risk analytics and financial modeling
- Other (please specify) _____

Please print or type:

Mr. Ms. Last name _____
 First name _____ MI _____
 Title (e.g., EVP, SVP) _____
 Department _____
 Institution or professional affiliation _____
 Business address _____

 City _____ State ____ ZIP _____
 Phone _____ Fax _____
 Email _____
 Home address _____

 City _____ State ____ ZIP _____

Method of payment:

Check for \$65.00 enclosed (Make check payable to: **RMA NY Chapter**)
 Charge my credit card (Amex, MasterCard, or VISA)
 Card number _____
 Expiration date _____ CVC code _____
 Cardholder name _____
 Telephone number _____
 Billing address _____
 City _____ State ____ ZIP _____
 Cardholder signature _____
 X _____

You may join The New York Chapter as an individual even if your institution or affiliation is not currently a member. Your annual dues for The New York Chapter are separate from membership fees paid to RMA Headquarters.

**Please also make sure to join our LinkedIn Group: "New York Chapter of RMA (Risk Management Association)"

Mail your membership application to:

The New York Chapter of RMA
 25 North Broadway
 Tarrytown, NY 10591

Fax your application to: 914-332-1541

For information call: 914-332-0040 x 331
 or email: rma@rmany.org