



Membership Application Form

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Please mail this form to:  
Commodity Floor Brokers and Traders Association  
Box 204, One North End Avenue,  
New York, NY 10282-1101

Please include your registration fee of \$125.00, check payable to  
Commodity Floor Brokers and Traders Association, Inc.

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

List Exchange Memberships: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Committee Interests: \_\_\_\_\_ Benefits & Insurance:

\_\_\_\_\_ Legal

\_\_\_\_\_ Membership Services

\_\_\_\_\_ Industry Issues - Washington

\_\_\_\_\_ Web site

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I hereby designate and appoint either the Chairman or his designee to cast my vote at the Annual Meeting or for any other matters of business which require a vote of the members should I not be present.

I will be ethical in all of my dealings with fellow members, the public, my customers and employers, and conduct myself professionally so that all of my acts will be deemed in good faith and a credit to my profession.

Signature of Member:

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