



A Financial Services Alliance

2021 AFFILIATE MEMBERSHIP APPLICATION (January 1-December 31)

COMPANY INFORMATION

Company

Name _____

Contact

Person/Title _____

Company Website

Address _____

Company

Address _____

City _____ State _____ Zip _____

-

Email Address* _____

Landline Phone _____ Cell Phone _____

Please check here if you would like to be added to our mobile text distribution list.

****Note: It is important to provide an email address as a substantial amount of information is sent to members via email.***

Please choose one of the following two affiliate membership options:

\$5,000: Affiliate (See list of benefits on accompanying document.)

\$15,000: Premier Affiliate (See list of benefits on accompanying document.)

Please make check payable to INFiN and mail to:

INFiN
1909 K Street, NW, 4th Flr.
Washington, DC 20006
Attn: LeeAnn Thompson
Phone (202) 719-2388 Email lthompson@infinalliance.org

Refund Policy: Subject to approval of an application for membership, INFiN membership dues are non-refundable.

ADDITIONAL CONTACT INFORMATION

In order for INFiN to serve you best, please be sure to provide us with the contact information for any additional staff who would also benefit from receiving INFiN's daily news clips and notices. Email lthompson@infinalliance.org.

Name _____

Title _____

Street Address (if different from yours) _____

City _____ State _____ Zip _____

Email _____

Landline Phone _____ Cell Phone _____

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