

SAN FRANCISCO TREASURY MANAGEMENT ASSOCIATION



Membership Application Form

Tax Identification No. 93-1180090

Application Date: _____

Membership Type:

Practitioner \$350

Vendor \$400

Prorated Membership Effective:

Prorated Membership Effective:

2nd Qtr \$300

2nd Qtr \$350

3rd Qtr \$250

3rd Qtr \$300

4th Qtr \$200

4th Qtr \$200

Completed application with payment should be mailed to:

SFTMA, P.O. Box 2702, San Francisco, CA 94126

Member Name: _____

Title: _____

Functional Area: _____

Company Name: _____

Mailing Address: Office Home _____

Telephone: _____

Fax: _____

Email Address: _____

CCM: No Yes, are you planning to convert over to CTP? No Yes

CTP: No Yes

TMA Member: No Yes

Other Certification: _____

Indicate Industry: Academic Education Energy Financial Government
 Insurance Manufacturing Real Estate Retail Services
 Utility Other _____

Please indicate your areas of interest (for speakers): _____

LIABILITY DISCLAIMER: Upon submission of payment, I hereby hold harmless the officers, promoters, lessees and lessors of the San Francisco Treasury Management Association (SFTMA) for any loss or injury to myself or others or my property or the property of others which may occur during and/or due to my voluntary participation in any membership sponsored event.

For SFTMA use only:

ID # _____ Date Rec'd: _____ Date Approved: _____