



FinTEx Chicago

Associate Membership Application

Return completed application to lisa@fintex.org



ASSOCIATE MEMBERSHIP APPLICATION

Name of Applicant Organization:

Name and title of primary contact for organization:

Address:

City:

State:

ZIP Code:

Phone:

E-mail:

Fax:

Applicant Organization's primary line of business:

Applicant Organization's annual revenue:

☐ < \$250,000

☐ \$250,000 - \$5 million

☐ \$5 million - \$50 million

☐ > \$50 million

Applicant Organization's interest in the FinTech community:

MEMBERSHIP AGREEMENT

The undersigned hereby applies for Associate Membership in FinTEEx Chicago, the Chicago FinTech Association, and if admitted to Associate Membership agrees:

- i. to comply with the terms of the By-laws, Member Competition Policy, and such rules and regulations as may be promulgated from time to time by the Association's Board of Directors; and
- ii. to pay such annual dues, assessments and other charges in the manner and amount as shall from time to time be fixed by the Board of Directors pursuant to the By-laws.

I/We hereby certify that the statements made herein are true and complete. I/We understand that if false information is given in this application or there are omissions of material facts, admission to Associate Membership in FinTEEx Chicago will automatically be denied and that if such admission has been previously granted, such false information will be ground for expulsion.

Governing Law. This Agreement will be governed by and construed in accordance with the laws of the State of Illinois (without reference to choice of law doctrine).

Applicant Organization:

Authorized Signature:

Name:

Title:

Date: