



CORPORATE APPLICATION

Corporate memberships are for firms with multiple business intermediaries within the same firm (corporation). Corporate Membership extends all individual member privileges. Each additional Associate Business Intermediary from the same member firm will be listed as an individual and are entitled to the same member privileges. If a company has multiple offices, as long as they are all owned by the same Principal, all offices will be able to share one corporate membership. NO REFUNDS OR SUBSTITUTIONS WILL BE ISSUED FOR EMPLOYEE TERMINATIONS WITHIN A CORPORATE MEMBER FIRM.

M&A Source Only Corporate Membership

ANNUAL DUES (Memberships are for a twelve month period and will automatically renew for 12 months.)

M&A Source Corporate Membership–Principal \$750 \$ _____

M&A Source Corporate Membership–Associate \$250* _____ * Available only if Principal is an M&A Source Member

M&A Source / IBBA Joint Corporate Membership

ANNUAL DUES (Memberships are for a calendar year and will automatically renew on 12/31 for each subsequent year.)

Corporate Membership–Principal \$1,399 \$ _____

Corporate Membership–Associate \$549* _____ * Available only if Principal is a Corporate Member of both The M&A Source and the IBBA

CBI Recertification Fee \$55 _____

M&AMI Recertification Fee \$55 _____

Corporate Member Information (To be completed by Principal of firm)

Information provided will be utilized in the membership directory.

COMPANY _____

TYPE OF ORGANIZATION Corporation Partnership Sole Proprietorship Other _____

NAME (Principal) _____

DESIGNATIONS OR CERTIFICATIONS (check all that apply)

CBI M&AMI CSBA CMEA CPA Other _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

OFFICE PHONE _____ CELL _____ FAX _____

EMAIL _____ WEBSITE _____

TELL US ABOUT YOUR PRACTICE

Intermediaries Consulting Firm CPA Firm Law Firm PEG Advisor Other _____

TELL US ABOUT YOUR FIRM SIZE 2–5 5–10 Over 10

WHOM MAY WE THANK FOR REFERRING YOU? _____

Payment Information The membership term is for twelve months from the commencement date and shall automatically renew for successive one year renewal term periods, each renewal term beginning on the anniversary of the commencement date at The M&A Source / IBBA's then current annual dues for the class of membership subscribed to.

Promo Code _____

M&A Source Corporate Membership \$ _____

M&A Source / IBBA Joint Corporate Membership _____

Additional Associates Information:

Number of Additional Associates from Same Firm/Corporation _____ x \$ _____

Number of M&AMI Re-Certifications _____ x \$ _____

Number of CBI Re-Certifications _____ x \$ _____

TOTAL DUE \$ _____

CHARGE MY Visa American Express Mastercard

CARDHOLDER NAME _____ AMOUNT _____

ACCOUNT NUMBER _____ EXP. DATE (MM/YY) _____ CRV# _____

BILLING ADDRESS _____

AUTHORIZED SIGNER _____

If you have a membership or billing question, contact The M&A Source Headquarters at 312-321-5112.
Mail, fax, or email this application to:

The M&A Source Headquarters • 8305 Solutions Circle • Chicago, IL 60677-8003
FAX 312.673.6599 • EMAIL admin@masource.org

Company Roster—Associates

NAME _____

DESIGNATION(S) M&AMI CBI CSBA CMEA CPA Esquire

PRIMARY ROLE IN THE TRANSACTION PROCESS Intermediary Attorney CPA Advisor PEG Other

ADDRESS _____ CITY _____ STATE _____ ZIP _____

OFFICE PHONE _____ CELL _____ FAX _____

EMAIL _____ WEBSITE _____

NAME _____

DESIGNATION(S) M&AMI CBI CSBA CMEA CPA Esquire

PRIMARY ROLE IN THE TRANSACTION PROCESS Intermediary Attorney CPA Advisor PEG Other

ADDRESS _____ CITY _____ STATE _____ ZIP _____

OFFICE PHONE _____ CELL _____ FAX _____

EMAIL _____ WEBSITE _____

NAME _____

DESIGNATION(S) M&AMI CBI CSBA CMEA CPA Esquire

PRIMARY ROLE IN THE TRANSACTION PROCESS Intermediary Attorney CPA Advisor PEG Other

ADDRESS _____ CITY _____ STATE _____ ZIP _____

OFFICE PHONE _____ CELL _____ FAX _____

EMAIL _____ WEBSITE _____

NAME _____

DESIGNATION(S) M&AMI CBI CSBA CMEA CPA Esquire

PRIMARY ROLE IN THE TRANSACTION PROCESS Intermediary Attorney CPA Advisor PEG Other

ADDRESS _____ CITY _____ STATE _____ ZIP _____

OFFICE PHONE _____ CELL _____ FAX _____

EMAIL _____ WEBSITE _____