

# NATIONAL FUTURES ASSOCIATION

## FIRM APPLICATION

Firm Name\*

NFA ID#\*

### Registration Categories and Membership Information

Check category(ies).

Registration Categories*	
<input type="checkbox"/> Futures Commission Merchant	<input type="checkbox"/> Commodity Pool Operator
<input type="checkbox"/> Introducing Broker	<input type="checkbox"/> NFA Member
<input type="checkbox"/> Commodity Trading Advisor	

Only applicants for NFA Membership that are also applying for more than one CFTC category complete this section. Select one.

Membership Information*
Indicate the category in which the applicant intends to vote on NFA membership matters.
<input type="radio"/> Futures Commission Merchant
<input type="radio"/> Introducing Broker
<input type="radio"/> Commodity Trading Advisor
<input type="radio"/> Commodity Pool Operator

Only applicants for NFA Membership that are applying as FCMs complete this section.

Is the applicant a member or has the applicant applied for membership at any United States commodity exchange?
<input type="radio"/> Yes <input type="radio"/> No

\*Required to file application

**NATIONAL FUTURES ASSOCIATION**

**FIRM APPLICATION**

**Contact Information**

Only applicants for NFA Membership complete this section.  
Enter the individual to whom all membership communications and inquiries are to be directed.

**Membership Contact**

First Name*	<input type="text"/>
Last Name*	<input type="text"/>
Title	<input type="text"/>
Street Address1*	<input type="text"/>
Street Address2	<input type="text"/>
Street Address3	<input type="text"/>
City**	<input type="text"/>
State* (US Only)	<input type="text"/>
Province	<input type="text"/>
Zip/Postal Code**	<input type="text"/>
Country*	<input type="text"/>
Phone Number	<input type="text"/>
Fax Number	<input type="text"/>
E-Mail Address	<input type="text"/>

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**NATIONAL FUTURES ASSOCIATION**

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**Contact Information**

Only applicants for NFA Membership complete this section.  
Enter the individual to whom all accounting inquiries and other miscellaneous inquiries are to be directed.

**Accounting Contact**

First Name*	<input type="text"/>
Last Name*	<input type="text"/>
Title	<input type="text"/>
Street Address1*	<input type="text"/>
Street Address2	<input type="text"/>
Street Address3	<input type="text"/>
City**	<input type="text"/>
State* (US Only)	<input type="text"/>
Province	<input type="text"/>
Zip/Postal Code**	<input type="text"/>
Country*	<input type="text"/>
Phone Number	<input type="text"/>
Fax Number	<input type="text"/>
E-Mail Address	<input type="text"/>

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**Contact Information**

Only applicants for NFA Membership that are applying as FCMs complete this section.  
Enter the individual to whom all assessment fee inquiries are to be directed.

**Assessment Fee Contact**

First Name*	<input type="text"/>
Last Name*	<input type="text"/>
Title	<input type="text"/>
Street Address1*	<input type="text"/>
Street Address2	<input type="text"/>
Street Address3	<input type="text"/>
City**	<input type="text"/>
State* (US Only)	<input type="text"/>
Province	<input type="text"/>
Zip/Postal Code**	<input type="text"/>
Country*	<input type="text"/>
Phone Number	<input type="text"/>
Fax Number	<input type="text"/>
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**Contact Information**

Only applicants for NFA Membership complete this section.  
Enter the individual to whom all arbitration matters are to be directed.

**Arbitration Contact**

First Name*	<input type="text"/>
Last Name*	<input type="text"/>
Title	<input type="text"/>
Street Address1*	<input type="text"/>
Street Address2	<input type="text"/>
Street Address3	<input type="text"/>
City**	<input type="text"/>
State* (US Only)	<input type="text"/>
Province	<input type="text"/>
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Country*	<input type="text"/>
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**Contact Information**

Only applicants for NFA Membership complete this section.  
Enter the individual to whom all compliance inquiries are to be directed.

**Compliance Contact**

First Name*	<input type="text"/>
Last Name*	<input type="text"/>
Title	<input type="text"/>
Street Address1*	<input type="text"/>
Street Address2	<input type="text"/>
Street Address3	<input type="text"/>
City**	<input type="text"/>
State* (US Only)	<input type="text"/>
Province	<input type="text"/>
Zip/Postal Code**	<input type="text"/>
Country*	<input type="text"/>
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**FIRM APPLICATION**

**Contact Information**

All applicants complete this section.

Enter the information to identify the contact person to whom all enforcement and compliance communications and inquiries from the CFTC are to be directed. You can enter up to three (3) enforcement/compliance contacts in this document. If you have more than three (3), please add them in another document such as Microsoft Word and attach it to this document.

Enforcement/Compliance Contact	
First Name*	<input type="text"/>
Last Name*	<input type="text"/>
Title	<input type="text"/>
Street Address1*	<input type="text"/>
Street Address2	<input type="text"/>
Street Address3	<input type="text"/>
City**	<input type="text"/>
State* (US Only)	<input type="text"/>
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Country*	<input type="text"/>
Phone Number*	<input type="text"/>
Fax Number	<input type="text"/>
E-Mail Address*	<input type="text"/>
Confirm E-Mail Address*	<input type="text"/>

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