

## **IIF Membership Information Request Form**

Title (Mr. , Mrs., Dr., etc.)

First Name

Last Name

Position

Department

Full name of organization

Address

City

State (if outside the US please enter "none")

Country

Postal Code

Telephone (please include country code)

Fax (please include country code)

Corporate email

Type of organization (please select the option that most closely describes your organization):

Bank

Securities firm

Fund manager

Insurance company

Multinational company

Trading company

Advisory firm

Multilateral agency

Banking association

Law firm

Stock exchange

Central bank

Rating agency

Other

Areas of particular interest (you may select as many areas of interest as you wish):

Economic data

Regulatory work

Multilateral policy

Meetings and events

Corporate governance