



National Association of Corporate Treasurers Membership Renewal

Name: _____

Title/Position: _____

Company: _____

Address: _____

City: _____ State/Province: _____ Zip: _____ Country: _____

Phone Number: _____ Fax Number: _____ Cell Phone: _____

E-mail: _____ Personal E-mail: _____

The following will give us your company profile (Please check the appropriate box under each column):

- | Industry | Assets | Revenues | Credit Rating | Ownership |
|---|---|---|--|---|
| <input type="checkbox"/> Manufacturing (1) | <input type="checkbox"/> \$100M or Less (1) | <input type="checkbox"/> \$1-99M (1) | <input type="checkbox"/> AAA (1) | <input type="checkbox"/> Public (1) |
| <input type="checkbox"/> Insurance (2) | <input type="checkbox"/> \$101-500M (2) | <input type="checkbox"/> \$100-499M (2) | <input type="checkbox"/> AA (2) | <input type="checkbox"/> Private (2) |
| <input type="checkbox"/> Retail (3) | <input type="checkbox"/> \$501-999M (3) | <input type="checkbox"/> \$500-999M (3) | <input type="checkbox"/> A (3) | <input type="checkbox"/> Non-Profit (3) |
| <input type="checkbox"/> Service Org. (4) | <input type="checkbox"/> \$1-5B (4) | <input type="checkbox"/> \$1-5B (4) | <input type="checkbox"/> BBB (4) | |
| <input type="checkbox"/> Finance (5) | <input type="checkbox"/> Over \$5B (5) | <input type="checkbox"/> \$5-10B (5) | <input type="checkbox"/> BB (5) | |
| <input type="checkbox"/> Utilities (6) | | <input type="checkbox"/> Over \$10B (6) | <input type="checkbox"/> B (6) | |
| <input type="checkbox"/> Transportation (7) | | | <input type="checkbox"/> Not Rated (7) | |
| <input type="checkbox"/> Other (8) (Specify): _____ | | | | |

Primary Business: _____

- I function as the treasurer in my company. (Regular Member)
- I perform a substantial portion of the duties of corporate treasurership in a company with annual revenues over \$10 billion. (Regular Member)

I report to:
Name: _____ Title: _____ E-mail: _____

- I perform part of the duties of corporate treasurership and another individual from my company is a Regular Member of NACT. (Associate Member)

Additional Information

Areas of Responsibility (Please check all areas in which you are involved):

- | | | | |
|---|--|------------------------------------|--|
| <input type="checkbox"/> Corporate Finance | <input type="checkbox"/> Cash Management | <input type="checkbox"/> Credit | <input type="checkbox"/> Capital Markets |
| <input type="checkbox"/> Investor Relations | <input type="checkbox"/> Financial Risk | <input type="checkbox"/> Insurance | <input type="checkbox"/> Other |
| <input type="checkbox"/> Employee Benefits | <input type="checkbox"/> International Currency Management | | |

Payment Information

Membership Renewal: \$500

- My check is enclosed for the above amount, made payable to the National Association of Corporate Treasurers.
- Charge the above amount to: VISA Mastercard AmEx

Name on Card: _____ Exp. Date: _____

Card Number: _____ Signature: _____