

How to Join

Submit each of the following documents:

1. Completed Student Membership application
2. Signed sponsorship by a Professor of Finance, Business or Economics, AND
3. Signed sponsorship by one Regular member of CFA Institute, who is also a member of BSAS (If the Regular CFA Institute member requirement cannot be met, then a supplementary sponsorship by an additional Professor of Finance, Business or Economics is required.)
4. Most recent resume

Upon completion, all documents should be sent to:

BSAS
Student Membership
260 Franklin Street, Suite 1540
Boston, MA 02110

You may also fax the completed forms to: (617) 542-6120.

Once the BSAS Board has approved your application for Student Membership, you will be billed the annual dues of \$50.

Please note, a Student Membership cannot extend for a period which exceeds 4 fiscal years or any part thereof. Also, in order to renew Student Membership, you must complete the Student Membership Application each year you wish to be a member.

Thank you, and we look forward to having you as a member of BSAS.



The Boston Security Analysts Society (BSAS) Student Membership Application

Name _____
(First) (Middle) (Preferred) (Last)

Current Address

Permanent Address

Street Address _____

Street Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone (____) _____

Phone (____) _____

E-mail _____

E-mail _____

Gender: Female Male

Preferred mailing address for all BSAS materials:

Date of Birth: ____ / ____ / ____

Current Permanent

Have you or are you enrolled in the CFA® program? Yes No

If yes, in what year did you enroll? _____ Highest level of the CFA exam passed: _____

Education

Name of College/University _____

Program of Study (Major, Degree) _____

Status (circle one): Full Time Part Time

Expected Graduation Date ____ / ____ No degree

Other Degrees Completed:

College/University _____ Degree _____ Date ____ / ____ No degree

College/University _____ Degree _____ Date ____ / ____ No degree

Employment

Are you currently employed? Yes No

Company Name _____

Job Title / Responsibility _____

Company Address _____ City _____ State _____ Zip _____

Company Phone _____

Member Statement

I hereby agree as follows:

1. I hereby affirm that I meet the criteria for student membership.
2. I have read and will adhere to the Boston Security Analysts Society's Articles of Incorporation, Bylaws, and other rules and regulations established by the Society.
3. I agree to pay annual dues upon receipt of invoice.

I agree that a violation of any of the provisions of the Member Statement may be grounds for termination of my membership by the Board. I affirm that all information provided by me herein is truthful, complete, and agree to notify BSAS of any material changes to this information.

Signature _____ Date _____

To be considered for Student Membership, all of the following documents must be submitted:

- Completed Student Membership application
- Signed sponsorship by a Professor of Finance, Business or Economics, AND
- Signed sponsorship by one Regular CFA Institute member of the Corporation.
(If the Regular CFA Institute member requirement cannot be met, then a supplementary sponsorship by an additional Professor of Finance, Business or Economics is required.)



Please return completed form directly
to Student Membership applicant,
or send it to BSAS
260 Franklin Street
Boston, MA 02110
Fax: 617-542-6120
Phone: 617-426-0270

Applicants for Student Membership must be sponsored by:

1. a Professor of Finance, Business or Economics
2. and by one Regular CFA Institute member of the Corporation

(If the Regular CFA Institute member requirement cannot be met, then a supplementary sponsorship by an additional Professor of Finance, Business or Economics is required.)

The Boston Security Analysts Society (BSAS) Student Membership Sponsor Form

Applicant's First Name	M.I.	Last Name
College / University attended by applicant:	Program of study (Major, Degree)	Expected Graduation

Sponsor's Name	Title
Sponsor is <input type="checkbox"/> Professor of Finance, Business or Economics <input type="checkbox"/> Regular Charterholder member of BSAS	
College / University / Firm	Phone

Professor of Finance, Business or Economics / Regular CFA Institute Member Confirmation

I hereby recommend this student for membership in the Boston Security Analysts Society. I certify that this student is enrolled in good standing at the college or university listed above.

Signature _____ Date _____



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Signature _____ Date _____