Institute for Portfolio Alternatives

Membership Application

INDUSTRY PARTNER

Firm Information

Firm name: _____

Years in business: _____ Website: _____

Assets under management: _____

Brief description of your firm and type of industry: _____

_____

_____

Brief description of your firm's experience with alternative investment products and sponsors: _____

_____

_____

Gross industry related revenue (as defined below): _____

Your firm's "gross industry related revenue" means all revenue received (before reduction for any expenses) in connection with products or services provided to sponsor organizations, issuers, broker-dealers, registered investment advisers, financial advisors, investors, service providers and other individuals and entities with respect to public non-traded and/or privately placed alternative investments; including, but not limited to, REITs, BDCs, interval funds, tender offer funds, qualified opportunity zone funds, DST exchange programs, managed futures, and direct participation programs.

Primary contact

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Dues contact (for dues invoicing)

Name: _____ Title: _____

Phone: _____ Email: _____

Please provide two additional contacts

Name: _____ Title: _____

Phone: _____ Email: _____

Name: _____ Title: _____

Phone: _____ Email: _____

Our firm has reviewed the IPA's Code of Conduct, available on the IPA's website at IPA.com, and will comply with it to the extent applicable. We consent to having our name and logo listed as an IPA member.

Signature: _____ Date: _____

Name: _____ Title: _____

For questions, please contact us at (202) 548-7190 or memberships@ipa.com

Please email your completed application to memberships@ipa.com

Notice: *IPA membership dues—which are calculated based on gross industry related revenue—run on a calendar year. Once approved, you will receive a prorated invoice based upon the date you joined.*