



FCM Membership Application

2010 Invoice

The following Futures Commission Merchant (FCM) makes application for membership in the National Introducing Brokers Association (NIBA), and represents the information below to be true:

Name of FCM: _____

Name & Title of the individual contact _____

Address: _____

Address: _____

Telephone _____ Fax: _____

Email Address _____

I represent that the above named FCM is registered and in good standing with the National Futures Association.

Signed: _____ Date: _____

Membership Dues are \$1500.00 per year.

Issue your check to:

NIBA

Mail to:

Melinda Schramm - NIBA
c/o MHS Capital Resource, Inc.
55 W. Monroe St. Suite 3600
Chicago, IL 60603