



## **GUIDE FOR COMPLETING THE NYSSA MEMBERSHIP APPLICATION: STUDENT CHAPTER MEMBERSHIP CATEGORY**

Thank you for your interest in joining the New York Society of Security Analysts, Inc. This packet contains all paperwork necessary for the **Student Chapter** membership category.

- NYSSA's Student Chapter Membership is available to those who are participating in a NYSSA Chapter at their college/university. Students must be matriculated toward a bachelors or masters degree in finance or business, or other courses of study related to the investment decision-making process.
- NYSSA Student Chapter Members must maintain a GPA of 3.0 or higher and be in good standing at an accredited college/university. (NYSSA will waive requirements for all freshman students. Freshmen students have until the end of the academic year to achieve a 3.0 GPA.)
- Student Chapter membership is valid for one year and must be renewed annually.
- Membership is activated the day the application is processed, and ends the last day of the month in which it is activated the subsequent year.
- NYSSA student chapter dues are \$50 annually and are not prorated or refundable.
- Applications must be submitted to faculty advisor. Faculty advisors are responsible for signing, verifying students' eligibility, and sending application to NYSSA.
- Individuals may become student members for \$67 within one year after graduation, or upon no longer participating in NYSSA Chapter in their college/university. Regular Student membership requires a different application and process.

### **Student Chapter Application Package Contents:**

- NYSSA Student Chapter Membership Application
- NYSSA Professional Conduct Statement

Before submitting, please make a copy of your completed paperwork for your records. Your application will not be processed unless it is complete. To avoid delays in the application process, please ensure that you sign and enclose the following:

- NYSSA Membership Application
- NYSSA Professional Conduct Statement
- Payment

You will receive a welcome email immediately after your application has been processed.

You may contact Dr. Amy Geffen, President & CEO, during business hours US Eastern Time at with questions about your application or membership status at:

**Email: [ageffen@nyssa.org](mailto:ageffen@nyssa.org)**

or

**Call: +1 646.871.3431**



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# APPLICATION

## Student Chapter Membership

NYSSA's Student Chapter Membership is available to those who are matriculating, full-time or part-time, toward a bachelors or masters degree in finance or business, maintaining at least a 3.0 grade point average, and actively participating in a NYSSA Student Chapter at his/her college/university. The application must be signed by the chapter's faculty advisor.

THIS APPLICATION WILL BE CONSIDERED ONLY IF COMPLETE.  
 PLEASE PRINT CLEARLY OR TYPE.

BIRTH DATE \_\_\_\_\_

MR.  MRS.  MS.  OTHER \_\_\_\_\_

GENDER:  FEMALE  MALE

PROFESSIONAL DESIGNATIONS \_\_\_\_\_

CFA®, CFP®, CMT, CPA, Ph.D.ETC.

NAME \_\_\_\_\_  
FIRST NAME MIDDLE NAME LAST NAME/SURNAME INFORMAL NAME

CURRENT ADDRESS \_\_\_\_\_  
ADDRESS CITY STATE ZIP COUNTRY

CURRENT PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

IS YOUR CURRENT ADDRESS VALID:  YEAR ROUND  ONLY DURING SCHOOL MONTHS (IF VALID YEAR ROUND, YOU DO NOT NEED TO SUPPLY A PERMANENT ADDRESS)

PERMANENT HOME ADDRESS \_\_\_\_\_  
ADDRESS CITY STATE ZIP COUNTRY

PERMANENT HOME PHONE \_\_\_\_\_ ALTERNATIVE EMAIL \_\_\_\_\_

PREFERRED ADDRESS:  CURRENT ADDRESS  PERMANENT ADDRESS

ADDITIONAL PROFESSIONAL CERTIFICATIONS: \_\_\_\_\_  
PMP,CMA, SPHR, ASQ, ETC.

## EDUCATION

NAME OF COLLEGE OR UNIVERSITY \_\_\_\_\_

EXPECTED DEGREE (BA, BS, MBA, MS, ETC.) \_\_\_\_\_ EXPECTED DEGREE COMPLETION DATE \_\_\_\_\_

MAJOR/FIELD OF STUDY \_\_\_\_\_

MINOR/SECONDARY FIELD OF STUDY \_\_\_\_\_

## ADDITIONAL EDUCATION ACQUIRED

DEGREE COMPLETED \_\_\_\_\_ DEGREE COMPLETION DATE \_\_\_\_\_

MAJOR/FIELD OF STUDY \_\_\_\_\_

NAME OF COLLEGE OR UNIVERSITY \_\_\_\_\_

DEGREE COMPLETED \_\_\_\_\_ DEGREE COMPLETION DATE \_\_\_\_\_

MAJOR/FIELD OF STUDY \_\_\_\_\_

NAME OF COLLEGE OR UNIVERSITY \_\_\_\_\_

APPLICANTS MUST ENCLOSE \$50 DUES PAYMENT

**PAYMENT TYPE:**  Check  VISA  MasterCard  AmEx  Discover

**CARD#** \_\_\_\_\_

**EXP** \_\_\_\_\_ **SECURITY VERIFICATION CODE** \_\_\_\_\_

**NAME ON CARD** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_



**EMPLOYMENT**

ARE YOU CURRENTLY EMPLOYED?  YES  NO

COMPANY NAME \_\_\_\_\_

JOB TITLE/RESPONSIBILITY \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ BUSINESS FAX \_\_\_\_\_

**STUDENT MEMBER AGREEMENT**

I, \_\_\_\_\_, (PRINT NAME IN FULL) hereby assert that I am a matriculating toward a bachelors or masters degree in finance or business, or other courses of study related to the investment decision-making process. I maintain a GPA of 3.0 or higher and am in good standing at my college/university. I understand that I may only maintain my student membership only as long as I remain matriculated in good standing or within one year of my graduation date. If I am accepted, I agree to comply with Student Chapter roles and responsibilities and all provisions in the By-Laws, policies, and dues assessments of NYSSA. I also agree to sign the Professional Conduct Statement every year that I renew my membership.

DATE \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_

\*NYSSA's bylaws are located on our website [www.nyssa.org/bylaws](http://www.nyssa.org/bylaws)

**FACULTY ADVISOR CONFIRMATION**

I certify that this student has maintained a GPA of 3.0 or higher and is in good standing at \_\_\_\_\_, an accredited college/university. I also acknowledge this student is a participant in the \_\_\_\_\_ (COLLEGE/UNIVERSITY) NYSSA Chapter at our college/university.

DATE \_\_\_\_\_ PROFESSOR/ADVISOR SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

TITLE \_\_\_\_\_



## NYSSA PROFESSIONAL CONDUCT STATEMENT

*This statement must be signed and submitted with the membership application and on each annual membership anniversary.*

*Please answer each question below. If you answer "yes" to any of these questions, please provide complete details on a separate sheet and attach it to this statement for review and consideration by the NYSSA Board of Directors.*

*In the last two years, have you been:*

The subject of, a defendant in, or respondent in any investigation, civil litigation, arbitration, or other civil action or proceeding in which your professional conduct, in either a direct or supervisory capacity, was at issue? Yes  No

Refused a bond by a surety company; or has a surety company paid out any funds on your coverage? Yes  No

The subject of a written complaint regarding your professional conduct in either a direct or supervisory capacity? Yes  No

Permanently or temporarily prevented from: 1) acting as a person required to be registered under any law or regulation (i.e., investment advisor, broker, dealer, etc.); 2) acting as an affiliated person or employee of any entity required to be registered under any law or regulation (i.e., investment company, bank, etc.); or 3) trading on any securities or contract market? Yes  No

Found to have aided, abetted, counseled, commanded, induced, or procured the violation by any person or entity of any securities or commodities-related law or regulation or any rule promulgated thereunder? Yes  No

Arrested, indicted, or convicted of 1) any felony or other crime punishable by more than one year in prison, or 2) a misdemeanor involving moral turpitude (lying, cheating, or other dishonest conduct) or any substantially equivalent crime in any court of law? Yes  No

An owner or a part of a firm in which you were a principal that failed in a business, made a compromise with creditors, taken advantage of the Bankruptcy Act of Exemption Law, or pleaded the Statute of Limitations? Yes  No

Required to defend yourself in any litigation or are there any outstanding unsatisfied judgments against you? Yes  No

*I hereby certify that the answers I have provided above and/or an attached sheet containing supplemental information are correct and accurate. I recognize that by failing to disclose any required information pursuant to this professional conduct statement and/or neglecting to file this statement when renewing my membership at its anniversary that my NYSSA membership may be revoked.*

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*Full Name (Please print)*

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*Signature*

*Date*