



LIECHTENSTEIN
SOCIETY OF INVESTMENT
PROFESSIONALS

INSCRIPTION FORM

First Name:

Last Name:

Date of birth:

Correspondence address:

Correspondence e-mail:

Telephone Number:

Fax Number:

Working experience in years:

Company / University:

Function within the company:



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CFA Institute Membership Number:

I apply for membership with the Liechtenstein Society for Investment Professionals. I will receive on acceptance a copy of the by-laws. With the receipt of this acceptance and after acknowledgement of the by-laws, I will be awarded membership with all the embedded rights and duties.

Signature:

Please fax or mail this inscription form to:

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