

# SEHFA

The Southeastern Hedge Fund Association, Inc.  
(www.SEHFA.com)

## MEMBERSHIP APPLICATION

(type or print legibly)

DATE OF APPLICATION: \_\_\_\_\_

COMPANY OR INVESTOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Main Telephone)

(Fax)

WEB SITE: (optional) \_\_\_\_\_

### MEMBER CATEGORY: (check one)

**Manager**

**Service Provider** (check type): Accountants  Administration Services  Attorneys   
Brokerage/Trading  Consultant  Prime Broker  Other \_\_\_\_\_

**Private Investor\*\*** (Membership Directory description will be "Private Investor.")

**\*\*If you are a Private Investor, please confirm that you qualify as an accredited investor with a net worth exceeding \$1,500,000.**  
\_\_\_\_\_ Yes \_\_\_\_\_ No

DUES FOR ONE YEAR:	Manager	Service Provider	Investor
One representative	\$350 ‡	\$525 ‡	\$150 ‡
Each additional representative	\$250 (no limit)	\$250 (limit 2 additional members)	\$100 (no limit)

‡ Deduct \$30 if representative attended the last meeting as a guest before becoming a member (attach copy of guest fee receipt).

### REPRESENTATIVE(S): (see limits above)

Please include email addresses for each representative. All meeting announcements and other information will be sent via email.

\_\_\_\_\_  
Name Email Direct Dial No. (optional)

\_\_\_\_\_  
Name Email Direct Dial No. (optional)

\_\_\_\_\_  
Name Email Direct Dial No. (optional)

**DESCRIPTION OF MANAGER/SERVICE PROVIDER BUSINESS AS YOU WOULD LIKE IT TO APPEAR IN MEMBERSHIP DIRECTORY:** (If same as last year, please so indicate.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Limit to no more than 50 words; attach sheet, if necessary.)

I understand that if I make a reservation to attend a SEHFA meeting and do not cancel the reservation at least 24 hours prior to the meeting, I will be assessed a \$50 "no show" charge which will be strictly enforced.

**Guest Policy:** Members are welcome to bring guests to SEHFA meetings. We ask that the guest reservation be made by the Member. For the purpose of encouraging membership, each guest will be limited to one meeting per year. The guest fee for regular meetings will be \$30 and will be credited against dues if a guest becomes a member.

Enclosed is a check payable to the "Southeastern Hedge Fund Association, Inc." in the amount of \$\_\_\_\_\_. Mail Application (including any attachments) and check to:

Southeastern Hedge Fund Association, Inc.  
c/o Sims Moss Kline & Davis LLP  
Three Ravinia Drive, Suite 1700, Atlanta, GA 30346-2133  
Phone (770) 481-7205 Fax (770) 481-7210