



**AMERICAN
STOCK EXCHANGE®**
Equities Options ETFs

Membership Services
(212) 306-1419

Application for Associate Membership

Name of applicant: _____

Name of organization: _____

Applicant's business address: _____
_____, 20_____

Admissions Department,
American Stock Exchange.

Gentlemen:

I hereby apply for Associate Membership in the American Stock Exchange and I hereby agree, if elected to Associate Membership, to comply with the provisions of the Constitution of the American Stock Exchange and amendments thereto, with the rules and regulations of its board of Governors and with the rules and requirements of its Standing or Special Committees and corporate subsidiaries.

If elected, I agree that my membership shall automatically expire if I cease to be a partner/principal executive officer/director of the above organization, or another organization continuing the business of the first organization, or if the Board of Governors of the American Stock Exchange terminates the privileges of Associate Membership of the said organization, or of another organization continuing the business of the first organization.

(Applicant's Signature)