



Connecticut Hedge Fund Association Membership Application

Organization: _____

Primary Contact: _____ Title: _____

Phone: _____ E-mail: _____

Street Address: _____

City, State, Postal Code: _____

Please select the appropriate Member type below:

Hedge Fund & Fund of Funds	Dues Fee
<i>Includes:</i> Hedge Fund Fund of Funds Managed Futures Private Equity	Over \$1 Billion in Assets \$2,000 Under \$1 Billion in Assets \$1,000

Investors & Advisors	Dues Fee
<i>Includes:</i> Corporate Pensions Family Office Pension Consulting Private Wealth Management	Over \$50 Million in Assets \$1,000 Under \$50 Million in Assets \$750

Individual Hedge Fund Professional	Dues Fee
<i>Includes:</i> Corporate Pension Endowment Family Office Foundation Insurance Pension Consultant Public Pension	Individual Hedge Fund Professional \$500

Service Provider	Dues Fee
	Service Provider \$2,000

Non- Profit	Dues Fee
	Non- Profit \$500

Mail check or credit card information to CTHFA. (Please make check out to CTHFA)

Credit Card #: _____

Cardholders Name: _____

Billing Address: _____

Card Number: _____ Exp. Date (mm/yy): _____

Send application and payment to:

CTHFA ♦ 342 North Main Street ♦ West Hartford CT 06117

Phone 860.586.7577 ♦ Fax 860.586.7550 ♦ [Join on line www.CThedge.org](http://www.CThedge.org) ♦ info@cthedge.org