

FINRA Small Firm Advisory Board Candidate Profile Form

Name: _____ CRD#: _____
(as you would like it to appear on official correspondence)

Current Registration

Firm Name _____ Firm #: _____

FINRA District No.: _____ Number of Registered Representatives at Firm: _____

Title/Primary Responsibility: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Prior Registration *(List the most recent first. Feel free to include extra pages if necessary.)*

Firm: _____

Title/Primary Responsibility: _____

Firm: _____

Title/Primary Responsibility: _____

General Areas of Expertise *(please check all that apply)*

- ☐ Compliance/Legal
- ☐ Corporate Finance
- ☐ Financial/Operational
- ☐ Institutional Sales
- ☐ Investment Advisory
- ☐ Retail Sales
- ☐ Trading/Market Making
- ☐ Other

Product Expertise *(please check all that apply)*

- ☐ Corporate Bonds
- ☐ Direct Participation Programs
- ☐ Equity Securities
- ☐ Investment Company
- ☐ Municipal/Government Securities
- ☐ Options
- ☐ Variable Contracts Securities
- ☐ Other

Memberships/Positions Held in Trade or Business Organizations

[illegible][illegible]

Return the form by fax to: (202) 728.8075 or by email to: CorporateSecretary@finra.org