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# REINSTATEMENT OF MEMBERSHIP

*Please complete this application for reinstatement as a member of the Chicago Finance Exchange. Upon receipt, it will be presented to the Board of Directors at their next regularly scheduled Board meeting for approval.*

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| --- | --- |
| **Date** |  |
| **Name** |  |
| **Title** |  |
| **Company** |  |
| **Address** |  |
| **City/State/Zip** |  |
| **Phone** |  |
| **Email** |  |
| **Last Membership Year** |  |

 *Please provide in the space below the reason original membership was discontinued:*

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| --- |
|  |

***Please return the reinstatement form via email, mail or fax.***

The Chicago Finance Exchange
Mail to: 332 S. Michigan Avenue, Suite 1032-#C232, Chicago, IL 60604
Tel 312-833-8782 ~ Fax 815-469-1901 ~ admin@chicagofinanceexchange.org

Rev 6/2015