



MEMBERSHIP APPLICATION¹

If you wish to become a member of RISA, please complete the following:

Name: _____

Firm/Company: _____

Address: _____

Telephone: _____ Email: _____

Professional body (if any) _____

MEMBERSHIP SUBSCRIPTION

I, _____ hereby undertake to pay the initial membership subscription fee of BD\$200 within three months of the date of this application.

Signed _____

Dated _____

RISA COMMITTEE

I am /am not interested in putting my name forward to become an officer of RISA or other member of the RISA Committee as follows (check as appropriate):

Chairman _____

Secretary _____

Treasurer _____

Committee Member _____

Please scan and submit to the Secretary mathew.clingerman@krys-global.com

¹ Membership is open to any individual who is resident in Bermuda and who is directly or indirectly engaged in the business of insolvency and restructuring in Bermuda.