



Application for Membership – Long Form

I hereby apply for membership at a CME Group exchange and warrant the truthfulness of my answers to all questions on this application and to any other questions that may be asked by the staff of the Exchange or the Membership Committee. I agree to maintain the accuracy and completeness of the information contained in this application throughout the application process and until I am approved for membership and will provide updated information as necessary.

This application and all supporting documentation must be **TYPEWRITTEN** in English and all financial information must be in U.S. dollars.

A non-refundable application fee must accompany this application.

NAME: _____
Full Name (Last, First, Middle)

1. **TYPE OF MEMBERSHIP APPLIED FOR:** _____

CME:	CME IMM IOM GEM	NYMEX:	NYMEX COMEX COMEX OPTIONS
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CBOT: Series B-1 Full
 Series B-2 Associate
 Series B-3 GIM
 Series B-4 IDEM
 Series B-5 COM

Acquisition method:

Check one: Purchase
 Delegate/Lease
 Firm or Family Transfer
 Other (describe) _____

2. **PERSONAL INFORMATION**

Male
Female

Social Security Number.

Residential address (Street, City, Zip Code) (Post Office Box not acceptable)

Residential telephone number (including U.S. area code or foreign country code)

Business Telephone Number

Cellular Telephone Number

Mailing Address (Street, City, Zip Code--Post Office Box not acceptable) to be used on Exchange records--changes must be reported immediately to Membership Services

Billing address (If different from the above)

Please list any other names you have been known by, including maiden name

Date of Birth (mo/day/yr)

Place of Birth (city and state)

E-Mail Address

Business E mail Address

By checking this box, I am requesting that CME Group mailings including the weekly Bulletin / Special Executive Report and monthly Member Update be made available to me electronically.

If I don't provide an e mail address, I understand that it is my responsibility to obtain a copy of the weekly Bulletin / Special Executive Report and monthly Member Update as these documents are only provided electronically.

By checking this box, I am requesting that CME Group bills and accounting statements be mailed to me electronically at the above e mail address or at the following e mail address if different:

E- Mail address for CME Group Bills

3. **RESIDENTIAL HISTORY**

Please provide a complete list of your residential history for the past five (5) years. List current information first. Attach a continuation sheet if necessary.

Use complete residential address--Post Office Box is not acceptable

From/To (include month and year) Street City State Zip Code

4. **BUSINESS HISTORY/EDUCATION INFORMATION**

Please list your employers during the last five years beginning with your current employer. If you do not have **5 years** of complete business history due to college and/or graduate school, please include education information in the section provided below.

Business History:

<u>Dates of Employment</u>	<u>Company Name</u>	<u>Address</u>
<hr/>		
Telephone	Title	Reason for leaving
<u>Dates of Employment</u>	<u>Company Name</u>	<u>Address</u>
<hr/>		
Telephone	Title	Reason for leaving
<u>Dates of Employment</u>	<u>Company Name</u>	<u>Address</u>
<hr/>		
Telephone	Title	Reason for leaving
<u>Dates of Employment</u>	<u>Company Name</u>	<u>Address</u>
<hr/>		
Telephone	Title	Reason for leaving

Education Information:

Name of Institution

From/To

Address (City, State and Zip Code)

Degree Earned

Name of Institution

From/To

Address (City, State and Zip Code)

Degree Earned

5. **MEMBERSHIP HISTORY**

List any commodity futures or securities exchanges of which you have ever been a member

Exchange Name

Type

From –To

Clearing Member Firm

Reason for leaving

Exchange Name

Type

From –To

Clearing Member Firm

Reason for leaving

Exchange Name

Type

From –To

Clearing Member Firm

Reason for leaving

Exchange Name

Type

From –To

Clearing Member Firm

Reason for leaving

6. **Use of Membership and Registration History**

The membership will be acquired by:

New purchase: Funds will come from: _____
Delegation (leasing)
Firm transfer -- transferor's name: _____
Firm Name: _____
Family Transfer: from the following member: _____
Other: _____

I intend to use my membership privilege for one or more of the following purpose(s) checked below (choose all that apply):

(a) On an electronic trading system as:

A trader for my own account
A trader for the following proprietary account(s): _____
A broker for the following proprietary account(s): _____
A registered employee for the following firm: _____
A solicitor for customer business in the following commodities*: _____
A broker or AP*
A trader for a joint account (list joint owners) _____
A trader using an Automated Trading System (ATS)**
Other (please describe in detail): _____

(b) On the Exchange trading floor as:

A trader for my own account
A trader for the following proprietary account(s)*: _____
A broker for the following proprietary account(s)*: _____
A registered employee for the following firm: _____
A solicitor for customer business in the following commodities*: _____
A broker or AP*
A trader for a joint account: (list joint owners) _____
A phone clerk for the following employer: _____
Other (please describe in detail): _____

(c) No Exchange floor or electronic trading access:

Registration for the following firm: _____

* If you will be trading on the Exchange Floor you must register with the NFA as a floor trader or floor broker.

** For Automated Trading System users please refer to Fee Policy Bulletin 11-01 or subsequent bulletins for further information regarding individual member fee rates.

(d) Registrations:

Are you currently registered or is a registration pending with the National Futures Association (NFA)? Yes No

If yes, registration type: _____

If you are or have been registered with a securities exchange, provide your CRD number:

Please list all registrations that you currently hold at any foreign or domestic government agency, i.e., SEC, SFA, etc.:

(e) Name of Primary Clearing Member Firm and division, if applicable :

(f) Will anyone or any entity guarantee your account to your Primary Clearing Member? Yes No

(g) Will anyone or any entity share in the profits, expenses or errors of your trading account? Yes No

If yes, please include name(s) and relationship(s):

(h) Do any financial arrangements exist with respect to the purchase or use of the membership? Yes No

If yes, please name:

Person _____ Amount \$ _____

Arrangement: _____

Bank _____ Amount \$ _____

Arrangement: _____

Entity _____ Amount \$ _____

Arrangement: _____

(i) If you will be trading your own personal account, funds for your trading activity will come from:

(j) If a gift/loan, please detail amount and relationship (a Loan/Gift Certification form may be required):

(k) If you will be trading a proprietary account, what are the terms (how will you be compensated)?

(l) If you will be conducting brokerage, will anyone share in the commissions, expenses, or errors from your brokerage business?

Yes No

(If yes, you must submit a Broker Association Registration Form and a BPS Floor Broker Agreement)

(m) Do you presently have an unsatisfied indebtedness to anyone or any entity in the commodity futures or securities industries?

Yes No

If yes, please provide details: _____

7. **DISCIPLINARY INFORMATION**

If you answer "yes" to any of the following questions, a typewritten statement must be attached giving complete details, as to dates, parties, circumstances and disposition. You must also include copies of official court documents, police reports and regulatory notices.

If you do not submit the statement and official documents, the processing of your application will be delayed.

Previous Exchange members must answer these questions appropriately even if the information was provided on a previous membership application.

- | | | | |
|-----|---|-----|----|
| (a) | Have you or any firm or organization of which you were are a principal of, been refused admission to (including the denial, withdrawal, revocation or termination of an application for membership or registration), expelled, suspended, fined, censured or otherwise disciplined through an adverse determined, voluntary settlement or otherwise in an action, arbitration or proceeding brought by or before any regulatory agency, exchange, or association? | Yes | No |
| (b) | Are you or any firm with which you are or were a principal of, currently under investigation by a regulatory agency, exchange or association as set forth in (a) above for the violation of its rules or otherwise, or have charges been brought against you, or any firm with which you are associated, by such regulatory agency, exchange, or association for such violation or otherwise? | Yes | No |
| (c) | Have you ever been disqualified from trading? | Yes | No |
| (d) | Have you ever been requested to relinquish your trading privileges? | Yes | No |
| (e) | Have you ever been subject to a disciplinary action or terminated for cause by an employer? | Yes | No |
| (f) | Have you been refused admission to (including the denial, withdrawal, revocation or termination of an application for membership or registration), rejected, expelled, suspended, or fined, censured or otherwise disciplined by the Commodity Futures Trading Commission (CFTC), the Securities Exchange Commission (SEC), the Financial Industry Regulatory Authority (FINRA), or the National Futures Association (NFA)? | Yes | No |
| (g) | Have you been charged in a criminal action or indicted for a violation of any federal or state law? | Yes | No |
| (h) | Have you ever been convicted of any misdemeanor or felony ? | Yes | No |
| (i) | Have you ever had any significant financial/credit difficulties (including, but not limited to, filing for personal or professional bankruptcy, had involuntary bankruptcy proceedings filed against you, collection accounts, civil judgments or tax liens)? | Yes | No |

8. **FINANCIAL INFORMATION: (In U.S. Dollars)**

ASSETS *

Cash and checking accounts	\$ _____
Savings accounts	\$ _____
Money market funds	\$ _____
Investments (i.e., stocks, bonds, mutual funds, 401K, brokerage accounts)	\$ _____
Real estate (fair market value)	\$ _____
Other (describe) _____	\$ _____
Total assets:	\$ _____

LIABILITIES

Mortgage	\$ _____
Credit cards, charge accounts	\$ _____
Student loans	\$ _____
Notes payable	\$ _____
Tax liens	\$ _____
Other (describe) _____	\$ _____
Total liabilities:	\$ _____
Total net worth:	\$ _____

* **Supporting Documentation is not required at this time, however you may be requested to provide additional detail and or supporting documents.**

CONDITIONS OF MEMBERSHIP:

It shall be an offense against the Exchange and a violation of Exchange Rules 131 and 432 to make a misstatement upon a material point to CME Group Exchange staff or on an application for membership.

I understand that a membership obtained by fraudulent representation or concealment, or by any material misstatement, shall be disposed of by the Exchange, as provided for in Rule 131.

I do hereby agree that, if I am approved as a member of the Exchange, I will observe and be bound by the Bylaws, Certificate of Incorporation, Rules and Regulations of the applicable Exchange(s), and all amendments thereto.

I understand that the CME Group Exchange may conduct, or cause to be conducted, an investigation into my character, general reputation, and personal characteristics and that the CME Group Exchange may retain a consumer reporting agency for that purpose. I also understand that, upon my written request, CME Group Exchange will disclose to me in writing the nature and scope of the investigation if conducted by a consumer reporting agency. I hereby authorize the Exchange to conduct an investigation as to my credit, character, general reputation, educational history and personal characteristics.

I hereby authorize and direct any commodity and/or security exchange of which I am or have been a member, to release to the Exchange all information concerning disciplinary action taken against me, or a firm in which I am or was a principal.

I hereby authorize the release of this membership application as well as my membership file for review by the primary clearing member that I designated on this application or which I may designate in the future.

I authorize and request any and all of my former employers and any other persons to furnish to the Exchange any information they may have concerning my character, ability, business activities and reputation, financial background and credit worthiness, together with, in the case of former employers, a history of any employment by them and the reasons for termination thereof; and I hereby release each such employer and each such other person from any and all liability of whatsoever nature of furnishing such information to the Exchange.

Applicants applying for membership hereby consent to use by CME Group and its affiliates of proprietary data or other personal information regarding the applicant/member received by CME Group and its affiliates from time to time through the conduct of their businesses, including any data submitted to them to fulfill regulatory obligations, for commercial, business and marketing purposes. Without the prior consent of the applicant/ member, CME Group and its affiliates will not reveal to non-affiliated third-parties on a non-aggregated, non-anonymized basis any of the following information that is obtained from the applicant/member to fulfill regulatory obligations: (i) personally identifiable information, (ii) detailed transaction data, (iii) position data, (iv) investigative materials, or (v) financial source documents, except (w) as necessary to fulfill its regulatory obligations, (x) as permitted by law, (y) as required or requested by regulatory authority or (z) pursuant to a valid court order, subpoena or equivalent legal instrument.

The Exchange will not recognize or administer any security agreement with respect to the ownership of this membership. Proceeds of the sale of this membership will be distributed as specified in Rule 110.

Furthermore, by signing this application, I confirm that if conducting business through CME Group electronic markets I am not prohibited by any regulator (U.S. or otherwise) to which I am required to report.

In order to be eligible for membership with any of the following DCMs (Chicago Mercantile Exchange, Inc., the Board of Trade of the City of Chicago, Inc., the New York Mercantile Exchange, Inc., and the Commodity Exchange, Inc.), applicants (individuals or corporates) must ensure that their request for membership is lawfully made in accordance with the laws of the jurisdiction in which they are located. Should such a request be made unlawfully, each of the DCMs shall have the right to terminate said membership. In this situation, the sale of membership process currently described under Rule 132 of the rulebook of the Relevant DCM shall be followed.

The undersigned, by filing application for a membership privilege with the Membership Services Department, agrees to take no recourse against CME Group entity or any of its Directors, Officers, Committee Members, or employees by way of any and all manner of actions, suits, controversies, judgments, executions, claims or demands, in law or equity, if the undersigned is not approved to be a member, except as may be permitted under Section 8c of the Commodity Exchange Act.

I, _____ say that I have read and understand the contents of the foregoing statement and that all of the information contained hereinbefore is true, accurate, and complete.

X _____ Date _____
Signature of applicant

Notary Signature _____

Subscribed and sworn before me this _____ day of _____ 20 _____

Notary stamp or seal