



First Name		Last Name	
Title		Company/Firm	
Street Address 1		Street Address 2	
City	State/Province	Zip/Postal Code	Country
Phone (Office)		Phone (Cell)	
Email (Business)		Email (Personal)	

Where you referred? If so by who?

Are you interested in sponsorship opportunities?      Yes      No

**Primary Profession**

Please select one

- |  |   |  |
|--|---|--|
| Accountant<br>Financial Advisor<br>Turnaround Manager<br>Investment Banker<br>Chief Restructuring Officer<br>Financial Consultant Other<br>Debtor<br>Unsecured Creditor<br>Secured Lending & Finance<br>In-House Counsel | Legal Advisor – Other<br>Auctioneers & Appraisers<br>Receiver<br>Trustee<br>Liquidator – Other<br>Private Equity Funds<br>Distressed Hedge Funds<br>Distressed Investor – Other<br>Asset Based Lender<br>DIP Lender | Factor<br>Cash-Flow Lender<br>Workout Officer<br>Lender – Other<br>Claims & Noticing Agents<br>Public Relations<br>Service Provider – Other<br>Judicial and/or Government<br>Academic & Faculty<br>Student<br>Other or Not Specified |
|--|---|--|

**Professional Information**

Profile information below will be displayed in the online TMA directory.

If you do not wish to be listed in the directory, please check here:

**Primary Occupation (check 1)**

- |  |  |  |   |
|--|--|--|---|
| Administration<br>Bankruptcy<br>Chapter 7<br>Chapter 11<br>Corporate Renewal<br>Creditor Rep | Banker<br>Consultant/Practitioner<br>Factor<br>Financial Advisor<br>Government<br>Interim/Crisis Manager | Investor<br>Judicial<br>Lender<br>Liquidator<br>Receivables Management/<br>Collections | Sales/Business Dev<br>Student<br>Trustee<br>Workout Officer |
|--|--|--|---|

**Specialization** (Check all that apply)

Administration	Debtor Rep	Mergers & Acqs.	Strategic Planning
Bankruptcy	Early Decline	Mid-term Decline	Trustee/Examiner
Chapter 7	Evaluations	Operations	Turnaround/Restructuring
Chapter 11	Hedge Funds	Private Equity	Valuation/Appraisal
Corporate Renewal	Late Decline	Receiverships	Workouts
Creditor Rep	Liquidation		

**Industry** (check all that apply)

Advertising/Marketing	Energy/Fuel	Medical/Pharmaceutical	Tech/Information
Branding	Environmental	Metals	Technology
Aerospace/Defense	Finance	Non-Profit	Telecommunications
Agriculture	Food & Beverage	Publishing/Media	Textiles/Apparel
Automotive	Government	Real Estate Restaurant	Transportation
Banking/Finance	Health Care	Restructuring	Utilities
Construction	Hospitality/Hotels	Retail	Wholesale
Consumer Products/Goods	Insurance	Service Business	
Distribution	Internet/E-commerce		
Entertainment	Manufacturing/Industrial		

**Preferred Chapter** (check one)

Alabama	Connecticut	Missouri	Pittsburgh
Arizona	Dallas/Ft. Worth	Montreal	Rocky Mountain
Atlanta	Detroit	Nevada	S. Ohio/N. Kentucky
California [Northern]	Florida	New Jersey	Tennessee
California [Southern]	Houston	New York City	Toronto
Carolinas	Indiana	Northeast	Upstate New York
Central Texas	Long Island	Northern Ohio	West Michigan
Chesapeake	Louisiana	Northwest	
Chicago/Midwest	Minnesota	Philadelphia	

**Membership Category**

Member	\$350 USD
NextGen (New Members, 40 & Under)*	\$175 USD
Government/Academic**	\$125 USD
Student***	\$0 USD

**Please select the category that best applies to you.**  
**Membership during your trial period is \$0.**

- \* Next Gen applicants: must be new members ago 40 and under At time of application. Discount is available for 2 years or until Age of 41. Existing TMA members are not eligible.
- \*\* Gov/Academic applicants: your primary employer must be a Government, judicial, or academic institution.
- \*\*\* Student applicants: must be a full-time Student, proof of enrollment required.

**Demographic Information**

Please provide the below demographic data for internal use only.

Year Born: _____	Gender:
	Male
	Female
	Prefer not to Answer

**Diversity Programming Interests**

- Women’s Professional Networking (TMA NOW)
- NextGen
- Minorities in Turnaround/Restructuring
- LGBT

**Auto Renew Terms and Conditions**

I understand that my method of payment will not be charged at this time. My credit card information will be saved on my TMA member account and charged for renewal one business day before membership expiration. I also understand that changes to my Membership or billing information can be made at any time by clicking the "Manage Saved Payment Account" button in my password-protected member profile on [turnaround.org](http://turnaround.org).

**TMA Membership Application**

I may also update this information by emailing [membership@turnaround.org](mailto:membership@turnaround.org) or calling TMA's Membership team at 1-312-578-6900 x2.

<b>Method of Payment</b>				
American Express	Visa	MasterCard	Check (enclosed)	Total Payment \$ _____
_____				
Name on Card				
_____				
Card Number		Expiration Date		CVV
_____		_____		_____
Signature				
_____				

*By submitting your application, you confirm that you have read and agree with the TMA Code of Ethics found at [turnaround.org](http://turnaround.org)*

**Mail or Fax to:**

Turnaround Management Association, 150 North Wacker Drive, Suite 1900, Chicago, Illinois 60606

Phone: 312-578-6900

Fax: 312-578-8336

[membership@turnaround.org](mailto:membership@turnaround.org)

Turnaround.org