



Application for Membership – Long Form

I hereby apply for membership at Chicago Mercantile Exchange Inc. ("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 elected to membership.

TYPE OF MEMBERSHIP INTEREST APPLIED FOR:

Select one: CME IMM IOM GEM

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

PERSONAL INFORMATION

Full Name (Last, First, Middle) Male/Female

Residential address (Include city, State and Zip code)

Residential telephone number Cellular Pager

Mailing address to be used on Exchange records

City State Zip

Billing address (If different from the above)

A NON-REFUNDABLE FEE OF \$1750 MUST ACCOMPANY THIS APPLICATION WITH (2) 2"x2" PASSPORT QUALITY PHOTOGRAPHS

By checking this box, I am requesting that general CME mailings including the weekly Special Executive Report be mailed electronically to me at the following email address:

Email Address _____

By checking this box, I am requesting to receive electronic notification of CME Marketing Materials.

Date of Birth _____ Soc. Security Number _____

Mother's Maiden Name

If you have resided at your current address for less than two years, please provide previous residential information:

(Residential address, City, State and Zip code)

(Dates, include month and year)

EDUCATION INFORMATION

(List most recent first, include graduate school, specialized training, college, and high school)

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

Name of Institution

From/To

Address (City, State, and Zip Code)

Degree Earned

BUSINESS HISTORY

Please list your employers during the last five years. List your present employer first.

Dates of Employment Company Name Address

Telephone Title Reason for Leaving

Dates of Employment Company Name Address

Telephone Title Reason for Leaving

Dates of Employment Company Name Address

Telephone Title Reason for Leaving

Dates of Employment Company Name Address

Telephone Title Reason for Leaving

Dates of Employment Company Name Address

Telephone Title Reason for Leaving

Dates of Employment Company Name Address

Telephone Title Reason for Leaving

Dates of Employment Company Name Address

Telephone Title Reason for Leaving

MEMBERSHIP INFORMATION

I intend to use my membership privileges for the following purpose(s). Check all that apply.

(a) On an electronic trading system (include terminal location)

- trading for my own account
- as a trader for the following proprietary account_____
- as a broker for the following proprietary account_____
- other (please describe in detail)

(b) On the Exchange Trading Floor from a GLOBEX terminal

- trading for my own account
- as a trader for the following proprietary account_____
- as a broker for the following proprietary account_____
- other (please describe in detail)

(c) On the Exchange Trading Floor in the pit

- trading for my own account
- as a trader for the following proprietary account_____
- as a broker for the following proprietary account_____
- other (please describe in detail)

(d) Please list the name of your qualifying clearing member.

(e) Will anyone or any entity guarantee your account to your qualifying clearing member, share in the profits, expenses or errors of your trading account? (please include name(s) and relationship)

MEMBERSHIP HISTORY

Include any commodities or securities exchanges of which you have ever been a member:

Name	From - To	Clearing Member Firm
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you presently have any unsatisfied indebtedness to anyone or any entity in the commodities or securities industries? If yes, please attach a detailed statement.

yes no

Have you ever been disciplined (include fines, suspensions and expulsions) by any entity in the commodities or securities industries? If yes, please attach a detailed statement.

yes no

Have you ever been convicted, pled guilty, entered a plea of no contest or entered into a voluntary settlement agreement with respect to any violation of any criminal law or penal code other than a minor traffic violation? If yes, please attach a detailed statement and supporting documentation.

yes no

Have you ever had any significant financial/credit difficulties (including collection accounts, bankruptcy proceedings and tax liens)? If yes, please attach a detailed explanation, disposition and supporting documentation.

yes no

Are you currently registered or is registration pending with the National Futures Association?

yes no

If yes, registration type _____

(If you plan to access the trading floor, registration is required.)

PERSONAL FINANCIAL STATEMENT (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*	\$ _____
Total Assets	\$ _____

LIABILITIES

Charge accounts, credit cards	\$ _____
Notes payable	\$ _____
Tax Liens	\$ _____
Mortgage(s)	\$ _____
Other	\$ _____
Total Liabilities	(\$ _____)

Total Net Worth

\$ _____

*Attach detailed supporting documents

Consumer report disclosure and authorization

By signing your name in the space below, you authorize and direct CME to conduct an investigation of your employment, commodity and or security exchange history, credit, financial, and criminal conviction history through any consumer reporting agencies or bureaus that CME chooses to use.

AFFIDAVIT

First duly sworn, depose and say that I am the person whose name is subscribed to the foregoing application for membership at Chicago Mercantile Exchange Inc. and that I have read the said application before signing the same, and that all the statements appearing therein are true in substance and fact.

 Print Name

_____ Date _____
 Signature of Applicant

NOTARY PUBLIC

Subscribed and sworn to before me this

_____ day of _____ 20_____

 Notary Signature

State of _____ County of _____

Notary Seal