

New Membership Application

Please complete all sections of this form in **BLOCK CAPITALS**

This application form is for non-members applying for Affiliate, Associate (ACSI), full Member (MCSI) or Chartered Member (Chartered MCSI). This form can only be used for non-CISI members. If you are already a CISI member and wish to upgrade to Chartered MCSI, please use the Individual Charter Application Form available at cisi.org/charter

CISI Customer/Membership number (if applicable)

CISI membership ©2024

1. Personal details

Title	<input type="text"/>
First name(s)	<input type="text"/>
Middle name(s)	<input type="text"/>
Last name	<input type="text"/>
Home address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Country	<input type="text"/>
Tel. (include country and local code)	<input type="text"/>
Mobile	<input type="text"/>
Email	<input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Former name(s) if any	<input type="text"/>

2. Work details

Firm name	<input type="text"/>
Job title	<input type="text"/>
Department	<input type="text"/>
Firm address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Country	<input type="text"/>
Tel. (include country and local code)	<input type="text"/>
Email	<input type="text"/>

3. Contact Information Please tick one option where you would prefer your correspondence to be sent to

Home (as per section 1) Work (as per section 2)

Membership Directory: I agree for my membership level to show on the CISI Membership Directory

4. Communications Preferences Please tell us what information you would like to be contacted about

Additional Events: Training Courses Conferences Branch Dinners

Other: Research Surveys Jobs Online

Professional Forums and Interest Groups events in London:

Bond and Fixed Interest Compliance Corporate Finance International Regulation Financial Planning

FinTech Operations Risk Wealth Management Young Professionals Training, Competence & Culture

Paraplanner

Study: Qualifications Bulletin New Qualifications and Pathways Revision Tools

Telephone Communications: Membership Qualifications Events

5. Level of Membership Please tick which membership level you are applying for

Your membership level is awarded based on your relevant qualifications or external membership levels held.

Details of all admission criteria can be found at cisi.org/membership.

a) **Affiliate** – I don't hold any relevant qualifications at present

b) **Associate (ACSI)** – I am level 3/4/5 qualified

CISI Exam External Exam External Membership

c) **Full Member (MCSI)** - I am level 6/7 qualified

CISI Exam External Exam External Membership

d) **Chartered Member (Chartered MCSI)** - I have been a personally Chartered member of another relevant Chartered body* for at least 12 months immediately preceding my application and have logged at least 12 months CPD.

Please detail external qualifications / university degrees / memberships and attach a certified copy of your certificate and CV:

For MCSI membership you should have at least three years of relevant experience.

*Chartered Insurance Institute (CII), The London Institute of Banking & Finance (LIBF) or the Chartered Bankers Institute (CBI).

6. Disciplinary History Please answer all questions

a) I have been convicted of a criminal offence. Yes No

Please note that you do not need to disclose protected convictions that are filtered from a standard and enhanced Disclosure and Barring Service (DBS) check.

b) I have been adjudged bankrupt or insolvent or compounded with my creditors. Yes No

c) I have been subject to disciplinary proceedings by the FCA, other regulator or any professional body within the past five years. Yes No

Please provide details with your application if you have responded Yes to any of the above.

7. Declaration

1. On applying to become a member of the Chartered Institute for Securities & Investment I agree to abide by the Royal Charter, By-laws, Regulations, and to uphold its high standards as published in its Professional Code (all available from website). Any breach of the Regulations may give rise to disciplinary procedures and termination of my membership.
2. I am aware that CPD is mandatory for CISI members and agree to undertake CPD on an annual basis meeting the CISI CPD requirements to maintain my membership. I understand non-compliance of the CISI CPD requirements can lead to my membership being suspended.
3. If not already achieved, to activate my membership I agree to pass IntegrityMatters. I understand that if not completed within 3 months of joining the CISI my membership will be suspended.
4. I know of no reason why I should not become a member.

Signature: _____

Date: / /

Name in full:

8. Payment Please complete as appropriate

The joining fee and subscription are payable at the time of application. **Thereafter, subscriptions are due annually on 1st April.** The membership fee is payable on a pro-rata basis at any stage of the year. Please ensure that you pay the correct fee for the time of year you are joining. Add this to the joining fee to give the total amount due.

Pro-Rata Subscription Fees 2024/25

Application Period

	Joining fee	April - June	July - Sept	Oct - Dec	Jan - March*
Affiliate	£33	£162	£121.50	£81	£202.50
ACSI	£33	£162	£121.50	£81	£202.50
MCSI	£55	£235	£176.25	£117.50	£293.75
Chartered MCSI	£55	£235	£176.25	£117.50	£293.75

* Includes fee for the following subscription year.

Promotional Code:

Please confirm applicable costs as per subscription fee table above:

Joining fee:

Subscription fee:

Total:

Who will pay future subscription? Firm (details to appear on firms Billing Portal) Self

Payment by Firm:

Firm reference:

I authorise payment to be invoiced to our general account:

Print name: _____

Signed: _____

Department: _____

Payment by Card: I wish to pay by card

Please contact me or other

by telephone/email* to make payment on my behalf.

Telephone number:

Email address:

*If you have selected via email you will receive a payment link from customersupport@csi.org to complete

Name:

Signature: _____

Checklist Please ensure you have reviewed the following:

- Completed all sections of the form.
- Applied for the correct level of membership dependant on your eligibility.
- Attached external certificates and your CV to the application (if applicable).
- Authorised the correct cost for payment. This will include a set joining fee, and a pro-rata subscription fee which will change dependant on when you apply for membership.

The CISI reserves the right to seek independent verification of all the information supplied on this application form as part of the assessment process.
The CISI reserves the right to refuse applications where information supplied is found to be false

Please post or email this form to:

Customer Support Centre, Chartered Institute for Securities & Investment, 20 Fenchurch Street, London EC3M 3BY

Any questions? applications@csi.org / +44 20 7645 0777