

## Part I. Membership Overview

EMPEA membership is open to a broad range of institutions, including GPs, LPs, emerging markets business associations, private equity professional service providers, multilateral institutions, academic institutions and other organizations.\*

Membership Level	Description
<b>Leadership Circle</b>	Open to private equity firms, institutional investors, development finance institutions, professional service providers and other organizations. Leadership Circle membership offers the opportunity to benefit from the highest level of membership features and to make a significant commitment to supporting EMPEA's mission and to promote private equity investing in emerging markets.
<b>Fund Managers (Incl. FoFs and Secondaries)*</b>	Open to all private equity fund managers and corporate venture capital funds with a minimum of US\$5 million AUM. Annual fees are based on a firm's total assets under management.  *Special pricing is available for qualified fund of funds and secondaries firms. Please contact Member Services.
<b>Institutional Investors</b>	Open to all institutional investors, including development finance institutions, pension funds, endowments, foundations, family offices, and sovereign wealth funds.
<b>Service Providers</b>	Open to all professional service providers including law firms, consulting firms, accounting firms, and placement agents.

Membership type <i>(please check appropriate box of member category to which you are applying)</i>	Annual Fee (US\$)	Check box
<b>Leadership Circle</b>		
Fund Managers with AUM greater than US\$5 billion	\$25,000	
Fund Managers with AUM less than US\$4.99 billion	\$18,500	
Institutional Limited Partners and Service Providers	\$18,500	
<b>Fund Managers*</b>		
AUM greater than US\$2 billion	\$12,500	
AUM US\$1 billion - US\$2 billion	\$9,500	
AUM US\$500 million - US\$1 billion	\$7,500	
AUM US\$250 million - US\$499 million	\$5,500	
AUM US\$100 million - US\$249 million	\$4,500	
AUM less than US\$99 million	\$3,500	
*First Time Funds: Subject to additional review. Please contact Member Services.	Please refer to above pricing.	
*Funds of Funds and Secondaries: Please contact Member Services.	Special pricing is available if qualified.	
<b>Institutional Investors</b>		
Institutional Investors	\$3,000	
<b>Professional Service Providers (Law &amp; Accounting Firms, Placement Agents, etc.)</b>		
Professional service providers with greater than 10 staff	\$10,000	
Professional service providers with fewer than 9 staff	\$5,000	
<b>Associate Members</b>		
Academic, government and non-profit institutions	\$3,500	

\*Membership is on an annual basis and runs on a cycle of April 1st – March 31st. New memberships between April 15th and July 1st will be invoiced for the current year on a pro-rated basis. After July 1st, new memberships will be invoiced for the remainder of the current year on a pro-rated basis plus the regular fee for the next full membership cycle.

## Part II. Contact Information

Company Name: \_\_\_\_\_

Application Date: \_\_\_\_\_

### 1. Address and Contact Details

Address 1	
Address 2	
Address 3	
City	
State	
Country	
Postal Code	
Main Telephone	
Main Fax	
Main Email	
Website	

**PLEASE BE SURE TO SIGN THIS APPLICATION BEFORE SUBMITTING TO EMPEA MEMBER SERVICES.**

## Part II. Contact Information, continued

### 2. Contact Persons

<b>Primary Contact</b> <i>(the primary contact person for EMPEA updates and other communications)</i>	
Name	
Job Title	
E-mail	
Office Phone	
Office Fax	
Mobile	
<b>Primary Contact Assistant</b> <i>(if applicable)</i>	
Name	
Job Title	
E-mail	
Office Phone	
Office Fax	
<b>Billing or Administrative Contact</b> <i>(if different from Primary Contact)</i>	
Name	
Job Title	
E-mail	
Office Phone	
Office Fax	
<b>Marketing Contact</b> <i>(person responsible for advertising, sponsorship and other marketing at your firm)</i>	
Name	
Job Title	
E-mail	
Office Phone	
Office Fax	

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## Part II. Contact Information, continued

3. Other Contact Persons *(please list any additional contacts to receive EMPEA updates and communications)*

Other Contact 1	
Name	
Job Title	
E-mail	
Office Phone	
Office Fax	
Other Contact 2	
Name	
Job Title	
E-mail	
Office Phone	
Office Fax	
Other Contact 3	
Name	
Job Title	
E-mail	
Office Phone	
Office Fax	
Other Contact 4	
Name	
Job Title	
E-mail	
Office Phone	
Office Fax	

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## Part III. Organization Profile

### 1. About Your Organization

**Description** (please include a brief description in the space provided below)

Year Founded	
Number of full-time employees	
Total private equity assets under management (US\$)	
Emerging markets private equity assets under management (US\$)	

### 2. Funds Currently Managed or Advised

Fund 1	
Fund Name	
Fund investment focus	
Fund capital (US\$)	
Major investments (if publicly unknown)	
Fund 2	
Fund Name	
Fund investment focus	
Fund capital (US\$)	
Major investments (if publicly unknown)	
Fund 3	
Fund Name	
Fund investment focus	
Fund capital (US\$)	
Major investments (if publicly unknown)	

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## Part III. Organization Profile, continued

### 3. Additional Information

Please list all private equity and venture capital associations to which your firm belongs.


Please explain what prompted you to apply for EMPEA membership.

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Please provide two references, one of which must be a current EMPEA member , whom we may contact regarding your organization.

Reference 1	
Reference 2	

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## Part IV. Submission Information

By submitting this application your organization agrees to its membership commitments and obligations through at least one full membership cycle.\* Membership payment not received within 3 months of the invoice date will void this application and terminate your membership benefits. The signature of your organization's contact person below attests to this agreement.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name (Please Print)

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Some EMPEA members choose to make an additional financial contribution to EMPEA's general activities above their annual membership dues.

If you would like to make an additional contribution to support EMPEA's mission please indicate amount and initial below. EMPEA will contact you to discuss this further at your request. Thank you for your generous support.

Amount (US\$) \_\_\_\_\_

Applicant Initials \_\_\_\_\_

Please submit your signed and completed application via fax or e-mail to the attention of:

**Kyoko Terada, Manager of Member Services**

E-mail: [teradak@empea.net](mailto:teradak@empea.net)

Fax: +1 202.449.1165