

**APPLICATION FOR ASSOCIATE PARTNER IN
Montgomery County Model Investment Club (MCMC)**

Please Print Clearly

Name: _____

Address _____

Phones: Home _____ Work _____ Cell: _____

Email Address: _____

Social Security Number will be requested when you are accepted as an Associate Partner

Are you a member of BetterInvesting™? _____ If so, what is your number? _____
Membership in BetterInvesting™ is a requirement for MCMC.

Have you been or are you a member of an investment club? _____

Do you have a computer with internet access? _____

Have you used the Stock Selection Guide (SSG) for evaluating companies? _____

If not, would you be willing to take an introductory SSG class? _____

When you are comfortable, are you willing to participate in MCMC by presenting a stock or
leading an educational program for the club? _____

**Briefly describe your investment experience (Experience is not a requirement for becoming an
Associate Partner. The primary purpose of an investment club is to learn.):**

Signature _____ Date: _____