



Membership Department
400 S. LaSalle Street
Chicago, Illinois 60605
(312) 786-7449 - Phone
(312) 786-8140 - Fax
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CBSX INDIVIDUAL APPLICATION for a CBOE MEMBER

1. Name: _____ Social Security #: _____

2. E-mail Address: _____ BD #: 8 - _____

3. Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

5. Capacity in which I seek to act on CBSX:

RMM Proprietary Trader Broker

6. The clearing firm issuing the guarantee for my activity on CBSX is:

Name: _____ NSCC #: _____

I hereby agree to abide by the Constitution and Rules of CBOE and of CBOE Stock Exchange, LLC, as they shall be in effect from time to time.

I agree that CBSX, in compliance with Regulation NMS, may route linkage orders to other markets on behalf of non-IOC orders sent to CBSX from me.

Signature of Applicant: _____ Date: _____