



Membership Department
 400 S. LaSalle Street
 Chicago, Illinois 60605
 (312) 786-7449 - Phone
 (312) 786-8140 - Fax
 www.cboe.org

**CBSX MEMBER ORGANIZATION APPLICATION
 for a CBOE MEMBER**

1. Name: _____ Tax ID #: _____ - _____

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

3. Mailing Address: _____

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

4. Designate at least one employee or agent (Responsible Person) as your administrator for the organization's use of the CBOEdirect system (including its affiliated Individual members).

_____	_____	_____
Name	Phone	E-mail Address

_____	_____	_____
Name	Phone	E-mail Address

5. Capacity (ies) in which the organization seeks to act on CBSX:

<input type="checkbox"/> RMM	<input type="checkbox"/> Proprietary Trader	<input type="checkbox"/> DPM
<input type="checkbox"/> Clearing Firm	<input type="checkbox"/> Broker	<input type="checkbox"/> NMCB (CBOE application must be attached)

6. Identify the Clearing Firm issuing the guarantee for the organization's activity on CBSX:

Name: _____ NSCC #: _____

The organization hereby agrees on behalf of itself and its associated persons 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.

The organization agrees that CBSX, in compliance with Regulation NMS, may route linkage orders to other markets on behalf of non-IOC orders sent to CBSX from the organization.

_____	_____
Authorized Signatory's Name	Title

_____	_____
Signature of Authorized Signatory	Date