



# Individual Membership Application

## Membership Categories (Please Select One)

### Financial Planner

\$395

I am a financial planning professional that has actively practiced financial planning for more than five years, and agree to abide by FPA's Standard of Care.

### Associated/Allied Professional

\$295

I am a professional who supports the financial planning profession or participates in the financial services industry but I do not hold myself out as a financial planner nor do I practice financial planning as my primary vocation.

+ \$80  
*(optional)*

I have the opportunity to purchase a CE subscription for an additional \$80/year, providing 18 hours of CE credit annually, in order to maintain my designation if I so choose.

Please indicate your primary vocation: (please choose one)

- Accounting Professional
- Attorney
- Banking Professional
- Broker/Registered Rep
- Professional Coach
- Family Wealth counselor
- Insurance Professional
- Investment Manager
- Business Succession Planning Professional
- Real Estate and Mortgage Professional
- Other (specify) \_\_\_\_\_

### New to the Profession

\$225

I am a professional who has been in the financial planning industry for less than five consecutive years. Members can only be in this category for a maximum of five years and members who actively practice financial planning as their primary vocation agree to abide by FPA's Standard of Care.

I have been working in the financial services since \_\_\_\_\_ (year)

### Faculty

\$145

I am an academic who teaches full-time at an educational institution.

+ \$80  
*(optional)*

I have the opportunity to purchase a CE subscription for an additional \$80/year, providing 18 hours of CE credit annually, in order to maintain my designation if I so choose.

Educational Institution \_\_\_\_\_ Subject taught \_\_\_\_\_

### Full-time Student

\$35

I am a full-time student. Members can only be in this category for a maximum of four years.

Educational Institution \_\_\_\_\_ Area of study \_\_\_\_\_

Anticipated Graduation Year \_\_\_\_\_

## Voluntary Contributions

Would you like to donate to the Foundation for Financial Planning, which supports providing pro-bono financial advice to those in need?  Not at this time

Yes, I would like to donate the following amount:  \$25  \$50  \$100  \$250  Other: \_\_\_\_\_

**Mail:** 7535 E. Hampden Ave, Ste 600  
Denver, CO 80231

**Submit application and payment to:**

**E-Mail:** Membership@FPAnet.org

**Phone:** 800.322.4237  
**Fax:** 303.759.0749

## Contact Information

Full Name: \_\_\_\_\_  
Last MI First

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

Company Address: \_\_\_\_\_  
Street Address Unit/Suite #  
City ST ZIP

Billing Address: \_\_\_\_\_  
Same as above? Street Address Unit/Suite #  
 Yes  No  
City ST ZIP

## Payment Details

Promotion Code: \_\_\_\_\_

Membership Dues \$ \_\_\_\_\_

Optional CE Package \$ \_\_\_\_\_  
(Allied/Faculty only)

Foundation Contribution \$ \_\_\_\_\_

**Total Amount Due \$ \_\_\_\_\_**

Referred By: \_\_\_\_\_ (optional)

Check (make payable to FPA)  
 Visa  MasterCard  American Express  Discover

Total Amount Paid \$ \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Terms and Conditions

**FPA allocates a portion of your annual dues to supporting our chapters. Your local chapter may also assess additional fees for meetings and other educational programs.**

Notice: FPA is required to inform you that \$47.25 of your dues applies to a *Journal of Financial Planning* subscription. This is not deductible from your dues. Dues, contributions or gifts to FPA are not deductible as charitable contributions for federal income tax purposes, but may be deductible as an ordinary and necessary business expense. However, a portion of the dues is not deductible as an ordinary and necessary business expense to the extent that FPA engages in lobbying. The non-deductible portion of dues related to lobbying for 2011-2012 is 7.67 percent.

### Disclosure

I, \_\_\_\_\_, agree to abide by FPA's Code of Ethics, and certify that:

(check one only)

I have not been accused in writing, or found in violation of the code of ethics of any professional credentialing organization of which I am a member. A state or federal licensing or regulatory body has not censured, fined, or reprimanded me, or revoked, or suspended my investment adviser, securities, or insurance license(s). I am not a defendant in a civil or criminal lawsuit or arbitration. If a civil or criminal judgment or arbitration has been entered against me in the past, it has been disclosed to FPA or its predecessors.

**OR** (check if any statements apply)

I have been accused in writing, or found in violation of the code of ethics of a professional credentialing organization of which I am a member. A state or federal licensing or regulatory body has censured, fined or reprimanded me, or revoked or suspended my investment adviser, securities, or insurance license(s).

I am a defendant in a pending civil or criminal lawsuit or arbitration: or a civil or criminal judgment or arbitration has been issued against me that has not been disclosed to FPA or its predecessors.

Note: Disclosure of legal matters is not an admission of guilt. I will forward complete details and relevant documents to FPA in a timely fashion. I understand that a finding of a violation or a judgment may create a presumption that I have violated FPA's Code of Ethics.

**For a full version of FPA's Code of Ethics, please visit [www.FPAnet.org/AboutFPA/Organization/CoreBeliefs/](http://www.FPAnet.org/AboutFPA/Organization/CoreBeliefs/). For a full version of FPA's Standard of Care, please visit [www.FPAnet.org/AboutFPA/Organization/StandardofCare/](http://www.FPAnet.org/AboutFPA/Organization/StandardofCare/).**

Signature \_\_\_\_\_ Date \_\_\_\_\_

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