FPA Membership Application
Student

Background Information *(please print or type)*

Name ☐ Mr. ☐ Ms. ☐ Dr. _____ Suffix _____
First M.I. Last

Mailing Address _____

City _____ State _____ Zip _____ Country _____

Phone (____) _____ Ext. _____ Fax (____) _____

Preferred Email _____ Gender ☐ M ☐ F Date of Birth _____

Referred By: _____ *(optional)*

Student Membership Categories (Please Select One)

Financial Planning Student ☐ **$39**

I am enrolled in a full-time graduate or undergraduate, finance or business registered or related degree program with the ultimate plan of pursuing a financial planning career. *[May only remain in this membership type for a maximum of 4 years]*

What College/University do you attend? _____ Anticipated graduation date? *(year)* _____

What degree are you pursuing? _____

Student in CFP® Certificant Program ☐ **$99**

I am enrolled in a CFP® Board certificate program with the ultimate interest of pursuing a career as a CFP® Professional. *[May only remain in this membership type for a maximum of 2 years]*

What CFP® program are you enrolled in? _____ Anticipated completion date? _____

Voluntary Contributions

Would you like to donate to the **Foundation for Financial Planning**, which helps people take control of their financial lives by connecting the financial planning community with people in need?

☐ Not at this time

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

Would you like to donate to the **FPA Political Action Committee** (PAC)?

☐ Not at this time

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

Submit application and payment to:

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

Email: Membership@FPAnet.org

Phone: 800.322.4237
Fax: 303.759.0749

Payment Details

Billing Address: _____
Same as above? Street Address Unit/Suite #

☐ *Yes* ☐ *No* _____
City ST ZIP

☐ Check (make payable to FPA)

Promotion Code: _____

☐Visa ☐ MasterCard ☐ American Express ☐ Discover

Membership Dues $_____

Total Amount Paid $_____

Cardholder Name _____

Voluntary Contributions $_____

Card Number _____

Total Amount Due $_____

Expiration Date _____

Signature _____

Automatic Renewal? ☐ *Yes* ☐ *No*

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 $28.01 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 2012-2013 is 4.58 percent.

The Foundation for Financial Planning is a 501(c)(3) non-profit organization. Contributions are tax deductible and are applied to the Foundation's annual fund.

Disclosure

I, _____, agree to abide by FPA's Code of Ethics and Standard of Care 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 and/or Standard of Care.
For a full version of FPA's Code of Ethics, please visit www.FPAnet.org/AboutFPA/Organization/CoreBeliefs/. For a full version of FPA's Standard of Care, please visit www.FPAnet.org/AboutFPA/Organization/StandardofCare/.

Signature _____Date _____

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