

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)

- | | | |
|--|--|--|
| <input type="checkbox"/> Accounting Professional | <input type="checkbox"/> Professional Coach | <input type="checkbox"/> Business Succession Planning Professional |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Family Wealth counselor | <input type="checkbox"/> Real Estate and Mortgage Professional |
| <input type="checkbox"/> Banking Professional | <input type="checkbox"/> Insurance Professional | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Broker/Registered Rep | <input type="checkbox"/> Investment Manager | |

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 spends the majority of my time teaching 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: _____

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: _____

Minnesota Assessment \$20.00

Membership Dues \$ _____

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

Foundation Contribution \$ _____

Total Amount Due \$ _____

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 \$30 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 2009-2010 is 5.82 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/. For a full version of FPA's Standard of Care, please visit www.FPAnet.org/AboutFPA/Organization/StandardofCare/.

Signature _____ Date _____

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Mail: 4100 E. Mississippi Ave, Ste 400
Denver, CO 80246

Submit application and payment to:

E-Mail: Membership @FPAnet.org

Phone: 800.322.4237
Fax: 303.759.0749