FINANCIAL PLANNING ASSOCIATION
The Heart of Financial Planning™

Please mail or fax the completed application to:
4100 E. Mississippi Avenue, Suite 400
Denver, CO 80246
Phone: 800.322.4237 • Fax: 303.759.0749
Membership@FPAnet.org • www.FPAnet.org

Individual Membership Application
2009/2010

BACKGROUND INFORMATION

Personal Information (Please print or type) Date ____________

Name □ Mr. □ Ms. □ Dr. ____Suffix ____________
First M.I. Last

Company ______________________________________Your Title ____________________________

Company Address ____

City ________________________ State _________ Zip _____________Country __________________

Business Phone (____) ______________ Ext. _________Business Fax (____) ______________________

Business E-mail _________________________ URL_______________________________________

Home Address* ____

City ______________________ State __________ Zip ____________ Country _____________________

Home Phone (____) ________________________ Home Fax (____) ___________________________

Home E-Mail ____________________________ Gender □ M □ F Date of Birth __________________

* FPA requests home addresses for the purpose of legislative advocacy/ forwarding information

Local FPA Chapter __________________________________

Referred by ___________________________________ City ____________________ State ________

COMMUNICATION PREFERENCE
Please send all mail to my: □ Home Address □ Business Address

DESIGNATIONS AND EDUCATION

Designations (Check all that apply)
□ CFP □ ChFC □ CLU □ CPA □ PFS □ CFA
□ CTFA □ EA □ JD □ Other _________________

CFP Board Registration Number _______________________ Certificate Expiration Date ________________

FINANCIAL PLANNER INFORMATION
(Financial Planner Applicants Only)

1. Experience
I have been offering financial (and/ or related) advice to clients since _________ (year)

2. Charges to Clients for Services *(Check all that apply)*
□ Fee for financial planning (initial, hourly, and/ or retainer)
□ Fee based on percentage of assets managed: percentage ranges: (________ % ________ %)
□ Commissions, trail fees, redemption fees, account fees, etc.
□ Other

3. Financial Services Provided (Check all that apply)

□ Business planning
□ Cash management and budgeting
□ Charitable Giving
□ Comprehensive Financial Planning
□ Divorce planning
□ Elder and long-term care planning
□ Estate planning
□ Funding education
□ Insurance
□ Investment and Asset Management
□ Life planning
□ Mortgage planning
□ Real Estate
□ Retirement planning
□ Tax Planning
□ Tax Preparation

□ Other
Primary Specialty________________________

4. Regulatory Affiliation

□ I am affiliated with a firm that is registered with the SEC as an investment adviser.
□ I am affiliated with a firm that is registered in the following states as an investment adviser:
__________________________.
□ I am employed by a bank.
□ I am not affiliated with a state or SEC-registered investment adviser or employed by a bank, trust company or savings association.

NOTE: An FPA member must be affiliated with a state or SEC-registered investment adviser or employed by a bank, trust company or savings association in order to opt-in to a basic or subscribe to an enhanced PlannerSearch® listing. This restriction is necessary to protect the member and FPA from regulatory sanctions because a PlannerSearch® listing may be deemed to be holding out as offering investment advice in many jurisdictions therefore requiring an affiliation with an investment adviser, bank, trust company or savings association.

PAYMENT INFORMATION AND SIGNATURE

YES! Activate my membership in the following category:

Member	**Membership Dues**	**Descriptor**
Financial Planner		
□ Financial Planner	$395	I am a CFP® professional OR I am not a CFP professional and I actively practice financial planning.
□ Candidate for CFP® Certification	$175	I am taking the CFP® Board Certification Examination or I have passed the CFP Board Certification Examination and am working on my experience requirement.
□ 1st Year CFP® Certificant	$195	I am in my first year of CFP® certification.
□ 2nd Year CFP® Certificant	$295	I am in my second year of CFP® certification.
□ Retired financial planner	$145	I am a retired financial planner, which was my primary vocation.

CFP® certificants may be eligible to receive a free listing on FPA's consumer service program – PlannerSearch®. For more information please call 800.322.4237

Associated Professional

□ Associated Professional	$295	I am a professional who supports the financial planning profession or participates in the financial services industry. I am not a CFP® certificant, nor do I practice as a financial planner.
□ Paraplanner, office manager	$195	I am an employee of a firm and I support the financial planning process. I am not a CFP® certificant.

Primary Vocation

□ Accounting Professional
□ Attorney
□ Banking Professional
□ Broker/Stockbroker/Registered Rep
□ Business Succession Planning Professional
□ Family Wealth Counselor
□ Insurance Professional
□ Investment Manager
□ Professional Coach
□ Real Estate and Mortgage Professional
□ Other_______________________________

Educator

□ Educator	$145	I am an academic who spends the majority of my time teaching financial planning, finance or business at an educational institution.
□ Educator + CE Package	$225	I am an academic who spends the majority of my time teaching financial planning or business at an educational institution and would like the opportunity to earn CE to support my CFP® Certification through membership in FPA.

Student

□ Student (in certificate program)	$145	I am a student in a CFP certificate program (maximum four years).
□ Student (in degree program)	$35	I am enrolled in a CFP Board registered degree program or related finance/business degree program (maximum four years).

Name of program:

____

Local Minnesota Assessment **$20.00**

Suggested Foundation Contribution $25 (*tax deductable*)

Total **$________**

Payment Information

□ Check, (make check payable to FPA)
□ VISA □ MasterCard □ American Express □ Discover

Total Paid $ _______________________

Card Number ____

Expiration Date ______________________

Signature ____

Date ______________________________

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.

□ FPA may share your address with other organizations that provide practice management, educational or other business tools. You can elect not to receive these offers by checking here.

FPA regularly updates members on information about the profession, the Association, educational programs, practice management tools, and important regulatory issues. You may elect not to receive this information by email from FPA. Please do NOT send me (check any that apply):
□ FPA This Week newsletter
□ Journal of Financial Planning online
□ FPA announcements re: products, offers, tools and resources
□ Any email from FPA

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
http://www.fpanet.org/AboutFPA/Organization/CoreBeliefs/

Signature ____Date _________