ASSOCIATION FOR FINANCIAL PROFESSIONALS

CAREER TRUST
NON-MEMBER APPLICATION FORM

Association for Financial Professionals

4520 East-West Highway | Suite 800 | Bethesda, MD 20814 | Phone: +1 301.907.2862 | Fax: +1 301.907.2864 | www.AFPonline.org

To apply, complete this form and fax to: +1 301.907.2864, ATTN: Membership Department. Or, mail to: AFP, P.O. Box 64714, Baltimore, MD 21264

Please type or print.

To Clear Form, Click Here

ANNUAL DUES - $75 (payable in U.S. dollars)

$75 dues payment only applies for professionals who are between positions. This is a one-time benefit. All other individuals must pay the standard membership rate of $495. At the end of the Career Trust year, membership can continue at the standard rate. Memberships are 12-months in duration based upon the month in which you join. For example, individuals whose AFP membership begins in April will have an expiration date of March 31 the following year.

❑ Mr. ❑ Ms. ❑ Mrs. ❑ Dr.

Full Name: _____
FIRST MIDDLE INITIAL LAST SUFFIX

Address: _____

City: _____

State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone: _____ Email: _____

Name of most recent employer: _____

Last date of employment: _____

PROFESSIONAL CREDENTIAL INFORMATION

Indicate the professional credentials you have earned (excluding college degrees):

❑ CTP ❑ CCM ❑ FP&A ❑ CPA ❑ CFA ❑ Other - Specify: _____

METHOD OF PAYMENT

$75 (payable in U.S. dollars) Dues are individual, non-refundable, and non-transferable. Dues payments may be deductible as a business expense but are not deductible as a charitable contribution.

For Check Payment: Make check payable to AFP. All payments must be made in U.S. Dollars and drawn on a U.S. bank. Federal Tax ID 58-1424769. Mail check and this form to AFP, P.O. Box 64714, Baltimore, MD 21264.

For Credit Card Payment: Fax this form and credit card information (below) to +1 301.907.2864, ATTN: Membership Department. To avoid duplicate payments, do not mail applications that were previously faxed.

❑ Check Enclosed ❑ American Express ❑ MasterCard ❑ Visa ❑ Discover Card

Card #: _____ Expiration Date: _____

Print Cardholder Name: _____

Signature: _____

Questions: Please visit www.AFPonline.org, e-mail AFP@AFPonline.org or call +1 301.907.2862.

FOR OFFICE USE ONLY **CC/CK#:** _____
ID#: _____ **Amt. :$** _____
LB Date: _____