



Please mail or fax the completed application to:

4100 E. Mississippi Ave., Suite 400  
Denver, CO 80246

Phone: 800.322.4237 • Fax: 303.759.0749

[Membership@FPAnet.org](mailto:Membership@FPAnet.org) • [www.FPAnet.org](http://www.FPAnet.org)

## Individual Student Member Application

**Personal Information** (Please print or type):

Name: Mr. ☐ Miss ☐ Ms. ☐ Mrs. ☐ Date: \_\_\_\_\_

\_\_\_\_\_ Suffix: \_\_\_\_\_

First

M.I.

Last

School: \_\_\_\_\_

Degree: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

School Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ School E-mail Address: \_\_\_\_\_

**\*\*FPA requests permanent addresses for the purposes of legislative advocacy / forwarding information\*\***

Permanent Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Permanent Phone: ( ) \_\_\_\_\_ Permanent E-mail Address: \_\_\_\_\_

Local FPA Chapter: \_\_\_\_\_

Gender: Male ☐ Female ☐

Date of Birth: \_\_\_\_\_

### Communication Preference:

School Address: ☐ Permanent Address: ☐

### Payment Information and Signature:

Student:

\$35

Suggested Foundation to Financial Planning contribution:  
(optional)

\$25

(tax deductible)

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 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 all that apply):**

- ☐ FPA SmartBrief
- ☐ *Journal of Financial Planning* online
- ☐ FPA Announcements re: products, offers, tools and resources
- ☐ Any e-mail from FPA

**Notice:** FPA is required to inform you that \$30 of your dues applies to the *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%.

**Disclosure:**

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

**(check only one)**

☐ 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 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:** \_\_\_\_\_

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