

Individual Membership Application 2008/2009

BACKGROUND INFORMATION

Personal Information (Please print or type) Date _____

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

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)

- Comprehensive Financial Planning
- Investment and Asset Management
- Tax preparation
- Tax Planning
- Insurance
- Charitable Giving
- Estate planning
- Elder and long-term care planning
- Mortgage planning
- Funding education
- Retirement planning
- Cash management and budgeting
- Real Estate
- Divorce planning
- Life planning
- Business planning
- 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		
<input type="checkbox"/> Financial Planner	\$395	I am a CFP® professional <u>OR</u> I am not a CFP professional and I actively practice financial planning.
<input type="checkbox"/> Candidate for CFP® Certification	\$175	I am a candidate for CFP® certification who has passed the CFP Board Certification Examination and I am working on my experience requirement.
<input type="checkbox"/> 1st Year CFP® Certificant	\$195	I am in my first year of CFP® certification.
<input type="checkbox"/> 2nd Year CFP® Certificant	\$295	I am in my second year of CFP® certification.
<input type="checkbox"/> Retired financial planner	\$145	I am a retired financial planner, which was my primary vocation.

CFP® certifiants 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 education "bundle" of products.

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 deductible)

Total \$ _____

Payment Information

- Check, (make check payable to FPA)
- Bill Me, (membership will be activated upon receipt of payment)
- 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 2008-2009 is 4.99 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/member/about/principles/ethics.cfm

Signature _____ Date _____

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