



FPA Membership Application

CFP® Professional

Background Information (please print or type)

Name Mr. Ms. Dr. _____ Suffix _____

 First M.I. Last
 Company _____ Your Title _____
 Company Address _____
 City _____ State _____ Zip _____ Country _____
 Business Phone (_____) _____ Ext. _____ Business Fax (_____) _____
 Preferred Email _____ Gender M F Date of Birth _____
 Referred By: Karl Klinger #111744

Additional Professional Information

Designations (Check all that apply)
 CFP® ChFC CLU CPA PFS CFA JD Other _____
 CFP Board Registration Number _____ Certificate Expiration Date _____

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

Chares 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 feels, redemption fees, account fees, etc.
 Other _____

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.

CFP® Professional Membership Categories (Please Select One)

CFP® Professional	<input type="checkbox"/> \$399	I am a CFP® Professional who actively practices or supports financial planning as my primary vocation.
CFP® Professional, 2nd Year	<input type="checkbox"/> \$299	I am a CFP® Professional who actively practices or supports financial planning as my primary vocation. [Second year of CFP® Professional Membership category]
CFP® Professional, 1st Year	<input type="checkbox"/> \$199	I am a CFP® Professional who actively practices or supports financial planning as my primary vocation. [First year in CFP® Professional membership category]

Voluntary Contributions

Would you like to donate to the **Foundation for Financial Planning**, which helps people take control of their financial lives by connecting the financial planning community with people in need?

Not at this time Yes, I would like to donate the following amount: \$25 \$50 \$100 \$250 Other: _____

Would you like to donate to the **FPA Political Action Committee (PAC)**?

Not at this time Yes, I would like to donate the following amount: \$25 \$50 \$100 \$250 Other: _____

Payment Details

Billing Address:

Same as above? _____

Street Address _____

Unit/Suite # _____

Yes No

City _____

ST _____

ZIP _____

Visa MasterCard American Express Discover

Promotion Code: _____

Total Amount Paid \$ _____

Membership Dues \$ _____

Cardholder Name _____

Voluntary Contributions \$ _____

Card Number _____

Total Amount Due \$ _____

Expiration Date _____

Automatic Renewal? Yes No

Signature _____

Monthly Payment Plan? Yes No

Date _____

FPA's payment plan option allows members to divide annual dues into 12 monthly installment payments. A monthly processing fee of \$2 applies.

Check (make payable to FPA)

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 \$28.01 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 2012-2013 is 4.58 percent.

The Foundation for Financial Planning is a 501(c)(3) non-profit organization. Contributions are tax deductible and are applied to the Foundation's annual fund.

Disclosure

I, _____, agree to abide by FPA's Code of Ethics and Standard of Care as well as the CFP® Board Code of Ethics, Rules of Conduct, and Financial Practice Standards 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 and/or Standard of Care.

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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Submit application and payment to:

Mail: 7535 E. Hampden Ave, Ste 600
Denver, CO 80231

Email: Membership@FPAnet.org

Phone: 800.322.4237
Fax: 303.759.0749