

Payment Details

Billing Address:
Same as above?

Street Address _____

Unit/Suite # _____

Yes No

City _____

ST _____

ZIP _____

Promotion Code: _____

Check (make payable to FPA)

Visa MasterCard American Express Discover

Membership Dues \$ _____

Total Amount Paid \$ _____

Voluntary Contributions \$ _____

Cardholder Name _____

Total Amount Due \$ _____

Card Number _____

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.**

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

Submit application and payment to:

Email: Membership@FPAnet.org

Phone: 800.322.4237
Fax: 303.759.0749