ASSOCIATION FOR FINANCIAL PROFESSIONALS

AFP Financial Resume Services

Fax this form and credit card information to 301.907.2864, ATTN: Career Services, along with your resume and/or cover letter. Once your information and payment have been received, AFP Career Services will contact you. **To avoid duplicate payment, do not mail previously faxed forms.**

To Clear Form, Click Here

INFORMATION PLEASE PRINT.

❑ Mr. ❑ Ms. ❑ Mrs. ❑ Dr. AFP Member # _____

Full Name _____
FIRST MIDDLE INITIAL LAST SUFFIX

Address _____

City _____

State/Province _____ Zip/Postal Code _____

Home/Mobile Phone _____ Office Phone _____

Personal/Home E-mail _____

Requested Service		Member Price	Non-Member Price
RESUME AND LETTER CRITIQUING			
Specific suggestions on how to improve your resume in approach, content and format to attract the attention of recruiters and employers. *Services completed within five business days.*			
❑ (RWA)	**Resume Critique**	❑ $75.00	❑ $125.00
❑ (RWB)	**Cover Letter Critique**	❑ $40.00	❑ $75.00
RESUME OR LINKEDIN WRITING			
A comprehensive career questionnaire will allow us to tell your story, showcase your accomplishments and illustrate the impact you have had in your positions for the competitive edge that will win you interviews. *Service completed within seven to ten business days.*			
❑ (RWC)	**0-3 Years' Experience**	❑ $375.00	❑ $475.00
❑ (RWD)	**4-9 Years' Experience**	❑ $500.00	❑ $700.00
❑ (RWE)	**10+ Years' Experience**	❑ $600.00	❑ $800.00
ADDITIONAL CAREER DOCUMENTS			
❑ (RWF)	**Cover Letter**	❑ $75.00	❑ $150.00
❑ (RWG)	**Thank You Letter**	❑ $75.00	❑ $150.00
❑ (RWH)	**Networking Resume (One Page)**	❑ $175.00	❑ $275.00
❑ (RWI)	**Professional Bio (One Page)**	❑ $350.00	❑ $500.00

METHOD OF PAYMENT CREDIT CARD PAYMENT ONLY.

❑ American Express ❑ MasterCard ❑ Visa ❑ Discover Card

TOTAL $ 0

I understand that all fees are payable by credit card only and are due at time of resume submission. I understand that payment for any AFP Financial Resume Service is non-refundable and non-transferable.

Card Number _____ Exp. Date _____

Signature _____

Print Cardholder Name _____

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