

MEMBERSHIP APPLICATION

1 GENERAL INFORMATION (Please type or print)

AFP membership dues are individual, non-refundable and non-transferable. Dues payments may be deductible as a business expense, but are not deductible as a charitable contribution. All memberships expire December 31 of the year they begin. New members joining after March 31 will receive credit toward their following year's dues.

Mr. Ms. Mrs.

Full Name: _____
FIRST MIDDLE INITIAL LAST SUFFIX

Title: _____

Company: _____

Home OR Business

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

2 METHOD OF PAYMENT

Annual Membership Dues: \$395 Total

Checks should be made payable to AFP. All payments must be made in U.S. Dollars and drawn on a U.S. bank. Federal Tax ID 58-1424769.

Check Enclosed
 American Express MasterCard Visa Discover Card Diners Club

Card #: _____ Expiration Date: _____

Signature: _____

Three Easy Ways to Apply:

1) Mail application to: AFP, P.O. Box 64714, Baltimore, MD 21264

— OR —

2) Fax to AFP: 301.907.2864 *(credit card payments only)*

— OR —

3) Apply online at www.AFPonline.org/join

Questions: Please visit www.AFPonline.org, e-mail AFP@AFPonline.org or call 301.907.2862.

Please note: Of the \$395 in annual membership dues, \$45 is applied toward a one-year subscription to *AFP Exchange*, which is inseparable from dues and disclosed per USPS regulations.

3 TELL US ABOUT YOURSELF

1. Your relationship to finance: *(Check one)*

AS I sell to finance/treasury departments, or I perform consulting.

CP I perform/manage finance functions.

AC I teach finance full-time.

2. Your organization's industry: *(Check one)*

AC <input type="checkbox"/> Academic	IN <input type="checkbox"/> Insurance
BF <input type="checkbox"/> Banking	MN <input type="checkbox"/> Manufacturing
BS <input type="checkbox"/> Business Svcs./Consulting	NP <input type="checkbox"/> Non-profit
CM <input type="checkbox"/> Comm./Media	PE <input type="checkbox"/> Petroleum
CX <input type="checkbox"/> Const./Const. Supply	RE <input type="checkbox"/> Real Estate
EN <input type="checkbox"/> Energy/Non-petroleum	RT <input type="checkbox"/> Retail
FS <input type="checkbox"/> Financial Services	SW <input type="checkbox"/> Software
GV <input type="checkbox"/> Government	TC <input type="checkbox"/> Technology
HS <input type="checkbox"/> Health Services	TR <input type="checkbox"/> Transportation
HT <input type="checkbox"/> Hospitality/Travel	UT <input type="checkbox"/> Utility
OT <input type="checkbox"/> Other (Specify)	WD <input type="checkbox"/> Wholesale/Dist.

3. Your organization's classification: *(Check one)*

PUB Publicly traded COL College/University
 PRI Privately/Closely held NON Non-profit entity
 GOV Government entity

4. How does your organization measure performance?

(Check one)

(1) Sales

(2) Assets

5. Your organization's annual sales/assets: *(Check one)*

(1) Under \$50 million

(6) \$1-4.9 Billion

(2) \$50-99.9 million

(7) \$5-9.9 Billion

(3) \$100-249.9 million

(8) \$10-20 Billion

(4) \$250-499.9 million

(9) Over \$20 Billion

(5) \$500-999.9 million

6. Please indicate the professional credentials you have

earned: (excluding college degrees)

CTP or CCM CFA

CPA Other-Specify _____

7. Year you entered the financial profession: _____

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CC/CK#: _____

ID#: _____ Amt. :\$ _____

LB Date: _____