Association for Financial Professionals®

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4520 East-West Highway • Suite 750 • Bethesda, MD 20814 • Phone: 301.907.2862 • Fax: 301.907.2864 • **www.AFPonline.org**

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. Effective January 1, 2010 all new memberships are 12-months in duration based upon the month in which you join. For example, individuals whose AFP membership begins in April will have an expiration date of March 31 the following year.
**Note: Membership prior to December 31, 2009 will retain its annual expiration date of December 31.*

❑ 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

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

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.

ME10 FOR OFFICE USE ONLY

CC/CK#: _____

ID#: _____ **Amt. :$** _____

LB Date: _____

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