ASSOCIATION FOR FINANCIAL PROFESSIONALS

CAREER TRUST MEMBER APPLICATION FORM

Association for Financial Professionals

4520 East-West Highway | Suite 800 | Bethesda, MD 20814 | Phone: +1 301.907.2862 | Fax: +1 301.907.2864 | www.AFPonline.org

To apply, complete this form and either email to customerservice@AFPonline.org, fax to: +1 301.907.2864, ATTN: Membership Department, or mail to: AFP, P.O. Box 64714, Baltimore, MD 21264

Please type or print.

To Clear Form, Click Here

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

Full Name: _____
FIRST MIDDLE INITIAL LAST SUFFIX

Address: _____

City: _____

State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone: _____ Email: _____

Name of most recent employer: _____

Last date of employment: _____

I affirm that all the information I have stated is true. I understand that membership is conditional upon the qualifications outlined by the Career Trust program. I understand that the information I have listed above is subject to verification by AFP. If I become re-employed within the calendar year of my dues suspension I agree to remit dues to AFP for the membership year.

Signature: _____

Date: _____

Questions: Please visit www.AFPonline.org, e-mail AFP@AFPonline.org or call +1 301.907.2862.

CT17 **FOR OFFICE USE ONLY**

Date _____

CS Dept _____

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