



Association for Financial Professionals of Arizona
Membership Application

PLEASE CHECK ONE:

- I am applying for a new membership with the AFPA.
I am renewing my membership with the AFPA.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Street or P.O. Box City State Zip

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

PLEASE TAKE A FEW MINUTES TO ANSWER THE FOLLOWING QUESTIONS:

Please indicate any professional credentials you may have earned, excluding college degrees (check all that apply).

- CTP/CCM CFA CPA Other (specify)

Do you plan to take the CTP exam in 2010? Yes No

How many years have you been involved in the Treasury profession? \_\_\_\_\_ years

How many years have you been in your current position? \_\_\_\_\_ years

Of which OTHER professional organizations are you currently a member? (check all that apply)

- AFP ASCPA RMA Other (specify)

Are you interested in becoming an AFPA Board Member? AFPA Committee Member? Yes No Yes No

What topics would you like presented or discussed at an AFPA meeting? \_\_\_\_\_

PAYMENT OPTIONS: TAKE ADVANTAGE OF OUR EARLY PAYMENT DISCOUNT AND SAVE!!!

You have two options - please indicate your choice:

- Full Member dues: \$275-Includes all monthly meetings
Late Registration: \$325 (Membership dues received after the meeting in February 2010)
Member dues: \$125 plus \$30 fee per meeting attended
Late Registration: \$150 plus \$30 per meeting attended (Membership dues received after the meeting in February 2010)

Remittance Method: (check one)

- Check enclosed Please charge my Visa/Mastercard # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Monthly meetings held at McCormick & Schmick's Seafood Restaurant at 2575 East Camelback Road, Phoenix AZ

All meetings will be lunch meetings with the exception of one Webinar

Registration and payment can be made through our website at www.afparizona.org in lieu of mailing or faxing a form

Please complete a membership form for each applicant. Completed forms can be either mailed or faxed.

Mail completed form with check made payable to Association of Financial Professionals of Arizona to: SRP, Attn: Dale Politi, P.O. Box 52025,

Phoenix, AZ 85072 Phone: 602-236-5943, Fax: 480-287-9861

E-mail your response to: dale.politi@srpnet.com

Fax application with credit card information and signature to: Association for Financial Professionals of Arizona 480-287-9861