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**OFFICE USE ONLY**  
 DATE APPROVED: \_\_\_\_\_  
 APPROVED BY: \_\_\_\_\_  
 AMT. PAID: \_\_\_\_\_  
 DESIGNATION: \_\_\_\_\_  
 MEMBERSHIP #: \_\_\_\_\_

REGISTERED FINANCIAL PLANNERS INSTITUTE®  
 DESIGNATION AND MEMBERSHIP APPLICATION

Please submit this application with payment and all supporting documents to:

RFPI International Headquarters  
 2001 Cooper Foster Park Rd.  
 Amherst, Ohio 44001

APPLICANT INFORMATION			
Last Name:	First:	M.I.:	DOB:
Street Address:			
City:	State:	Zip:	
Country:	Phone #:	Cellular #:	
Email:			
EMPLOYMENT			
Present Employer:		Type of Business:	
Date Started:		Current Position:	
Business Street Address:			
Business City:	Business State:	Business Zip:	
Business Country:	Business Phone #:	Business Cellular #:	
REFERENCES			
<i>Please list three references who can attest to your character and financial planning ability in your respective field.</i>			
1.) Full Name:		Relationship:	
Company:		Phone #:	
Address:			
2.) Full Name:		Relationship:	
Company:		Phone #:	
Address:			
3.) Full Name:		Relationship:	
Company:		Phone:	
Address:			

<b>PREVIOUS EMPLOYMENT</b>		
<b>1.) Company:</b>		<b>Phone #:</b>
<b>Address:</b>		
<b>Job Title:</b>		
<b>Responsibilities:</b>		
<b>From:</b>	<b>To:</b>	<b>Type of Business:</b>
<b>2.) Company:</b>		<b>Phone #:</b>
<b>Address:</b>		
<b>Job Title:</b>		
<b>Responsibilities:</b>		
<b>From:</b>	<b>To:</b>	<b>Type of Business:</b>
<b>3.) Company:</b>		<b>Phone #:</b>
<b>Address:</b>		
<b>Job Title:</b>		
<b>Responsibilities:</b>		
<b>From:</b>	<b>To:</b>	<b>Type of Business:</b>
<b>EDUCATION</b>		
<b>High School:</b>	<b>Major:</b>	<b>Graduation Date:</b>
<b>City/State/Country:</b>		
<b>Undergraduate School:</b>	<b>Major:</b>	<b>Graduation Date:</b>
<b>City/State/Country:</b>		
<b>Graduate School:</b>	<b>Major:</b>	<b>Graduation Date:</b>
<b>City/State/Country:</b>		
<b>Other:</b>	<b>Major:</b>	<b>Graduation Date:</b>
<b>City/State/Country</b>		

<b>LICENSES/REGISTRATIONS/CERTIFICATIONS</b>		
<b>Attorney:</b>	<b>Date Licensed:</b>	<b>State/Country:</b>
<b>Insurance License #:</b>	<b>Date Licensed:</b>	<b>State/Country:</b>
<b>Real Estate License #:</b>	<b>Date Licensed:</b>	<b>State/Country:</b>
<b>Securities License #:</b>	<b>Date Licensed:</b>	<b>State/Country:</b>
<b>Brokerage Firm:</b>	<b>Date Licensed:</b>	<b>State/Country:</b>
<b>Finance:</b>	<b>Date Licensed:</b>	<b>State/Country:</b>
<b>CPA/Tax Accounting:</b>	<b>Date Licensed:</b>	<b>State/Country:</b>
<b>Banking:</b>	<b>Date Licensed:</b>	<b>State/Country:</b>
<b>Other:</b>	<b>Date Licensed:</b>	<b>State/Country:</b>
<b>TRAINING</b>		
<i>List any training completed in any of the specialties from above. Provide dates and number of credit hours received (Include any company training).</i>		
<b>Training:</b>	<b>Date Completed:</b>	<b>Credit Hours:</b>
<b>Training:</b>	<b>Date Completed:</b>	<b>Credit Hours:</b>
<b>Training:</b>	<b>Date Completed:</b>	<b>Credit Hours:</b>
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<b>Training:</b>	<b>Date Completed:</b>	<b>Credit Hours:</b>
<b>Training:</b>	<b>Date Completed:</b>	<b>Credit Hours:</b>



**CHECK THE DESIGNATION YOU ARE APPLYING FOR:**

<b>AFFILIATE MEMBERSHIP (NON-DESIGNATED)</b> <input type="checkbox"/>	
<p><b>REQUIREMENTS</b></p> <p>&gt; Upon acceptance of an Affiliate membership, the applicant agrees to complete a 120 hour course of study, that RFPI recognizes, within two (2) years.</p> <p><b>COST:</b></p> <p>&gt; \$75.00 (USD) Annual Dues                  &gt; One time processing fee of \$50.00 (USD)                  &gt; Total = \$125.00 (USD)</p>	<p><b>MEMBERSHIP BENEFITS</b></p> <p>&gt; Ability to upgrade to the RFP ® designation once meeting all educational and experience requirements.</p> <p>&gt; Personalized membership card</p> <p>&gt; A subscription to the RFPI ® online newsletter</p> <p>&gt; Listing on the RFPI ® member website</p>
<b>RFP® : REGISTERED FINANCIAL PLANNER®</b> <input type="checkbox"/>	
<p><b>REQUIREMENTS</b></p> <p>&gt; Must have at least two (2) years financial planning experience in their respective field. a 120 hour course of study, that RFPI recognizes, within two (2) years.</p> <p>&gt; Must have already completed 120 hours of approved education, and show evidence of passing exams related to area(s) of expertise.</p> <p><b>COST:</b></p> <p>&gt; \$150.00 (USD) Annual Dues                  &gt; One time processing fee of \$50.00 (USD)                  &gt; Total = \$200.00 (USD)</p>	<p><b>MEMBERSHIP BENEFITS</b></p> <p>&gt; Personalized RFPI ® designation, wall certificate, and membership card</p> <p>&gt; RFPI Logo stickers &amp; Lapel pin</p> <p>&gt; Listing on the RFPI ® member website</p> <p>&gt; Subscription to the RFPI ® online newsletter</p> <p>&gt; Free advertising for your company and services (restrictions apply)</p> <p>&gt; Discussion group and blog participation</p>

**PAYMENT OPTIONS**

\_\_\_\_\_ Check /International Money Order enclosed (I understand my cancelled check will be my receipt)

\_\_\_\_\_ Credit card payment (Visa or MasterCard) please complete the information below;

Amount to be charged to credit card \$ \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature to authorize the charge on credit card: \_\_\_\_\_

**AGREEMENT: PLEASE READ CAREFULLY.**

1. I understand that I may not use the RFP designation or its logo or advertise myself as a RFP<sup>®</sup> until I have received official notification of my approval.
2. I hereby authorize investigation of all information I provided in my application.
3. I understand that permission to use the RFP<sup>®</sup> and its logo are granted for a period of 1 year unless specified. At the of such period if the designation is not renewed then any use or right to use has expired and continued use would be considered a violation. Penalties, by way of re-instatement fees may be imposed if a member renews after renewal period.
4. I agree to maintain proficiency in my work by completing a minimum of 20 credit hours of continuing education in my field of financial planning and to supply proof to RFPI<sup>®</sup> during the 3 year reporting period.
5. I understand that the RFPI<sup>®</sup> Board has the absolute and unrestricted right to revoke any rights I have to use the RFP<sup>®</sup> designation. I understand that failure to comply with any of the RFPI<sup>®</sup> Code of Ethics could result in forfeiture of the designation.

If your application is approved for membership and you are granted use of RFP<sup>®</sup> designation, your confirmation can be sent by email if requested.

Please confirm email address here: \_\_\_\_\_

\*Please be sure to include copies of supporting documents when submitting the completed application: Resume or CV (not required but preferred) copies of any professional licenses, registrations, certifications & other designations, please provide evidence of education completed (copy of transcripts/diploma) personal photo & payment. Incomplete applications will not be processed.

All applications must be signed by applicant.

RFP<sup>®</sup> membership packets are sent within 7 -10 days of board approval, (receipt for credit card payment will be included inside membership packet.)

Please Read the Following Statement as well as the Agreement on previous page before signing:

I hereby submit this application to the Registered Financial Planners Institute<sup>®</sup> and verify that all information to the best of my knowledge is accurate and complete. If approved, I shall abide by the rules, regulations and Code of Ethics of the Registered Financial Planners Institute<sup>®</sup>. I also agree to attend a minimum of 20 hours of continuing education every three (3) years in my respective field and supply proof of credits earned to the Institute during the required reporting period. I also understand that my name, specialty and contact information will be shown on the Internet unless specifically requested. If not approved, I understand that I will be refunded my application fee.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please provide the name of the RFP<sup>®</sup> member who referred you: \_\_\_\_\_, or how you learned of RFPI<sup>®</sup>:

\_\_\_\_\_

Please sign below if you do not want your information shown on Registered Financial Planners<sup>®</sup> website in the member directory.

I prefer **NOT to be listed** on the Internet at this time: \_\_\_\_\_

Changes can be made at any time to your member listing by calling 440-282-7176 or sending email at info@rfpi.com.