

ATTACH
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(Required)



OFFICE USE ONLY
DATE APPROVED: _____
APPROVED BY: _____
AMT. PAID: _____
DESIGNATION: _____
MEMBERSHIP #: _____

**REGISTERED FINANCIAL PLANNERS INSTITUTE®
DESIGNATION & MEMBERSHIP APPLICATION**

Please submit this completed application with all supporting documents and payment to:
Registered Financial Planners Institute
121 N. Leavitt Rd. Box 357
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:			

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

LICENSES/REGISTRATIONS/CERTIFICATIONS		
Attorney:	Date Licensed:	State/Country:
Insurance License #:	Date Licensed:	State/Country:
Real Estate License #:	Date Licensed:	State/Country:
Securities License #:	Date Licensed:	State/Country:
Brokerage Firm:	Date Licensed:	State/Country:
Finance:	Date Licensed:	State/Country:
CPA/Tax Accounting:	Date Licensed:	State/Country:
Banking:	Date Licensed:	State/Country:
Other:	Date Licensed:	State/Country:
TRAINING		
<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>		
Training:	Date Completed:	Credit Hours:
Training:	Date Completed:	Credit Hours:
Training:	Date Completed:	Credit Hours:
Training:	Date Completed:	Credit Hours:
Training:	Date Completed:	Credit Hours:
Training:	Date Completed:	Credit Hours:
Training:	Date Completed:	Credit Hours:
Training:	Date Completed:	Credit Hours:

CHECK THE DESIGNATION YOU ARE APPLYING FOR:

AFFILIATE MEMBERSHIP (NON-DESIGNATED)

<p>REQUIREMENTS</p> <p>> 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>COST:</p> <p>> \$75.00 (USD) Annual Dues > One time processing fee of \$50.00 (USD) > Total = \$125.00 (USD)</p>	<p>MEMBERSHIP BENEFITS</p> <p>> Ability to upgrade to the RFP® designation once meeting all educational and experience requirements.</p> <p>> Personalized membership card</p> <p>> A subscription to the RFPI® online newsletter</p> <p>> Listing on the RFPI® member website</p>
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RFP® : REGISTERED FINANCIAL PLANNER®

<p>REQUIREMENTS</p> <p>> 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>> Must have already completed 120 hours of approved education, and show evidence of passing exams related to area(s) of expertise.</p> <p>COST:</p> <p>> \$150.00 (USD) Annual Dues > One time processing fee of \$50.00 (USD) > Total = \$200.00 (USD)</p>	<p>MEMBERSHIP BENEFITS</p> <p>> Personalized RFPI® designation, wall certificate, and membership card</p> <p>> RFPI Logo stickers & Lapel pin</p> <p>> Listing on the RFPI® member website</p> <p>> Subscription to the RFPI® online newsletter</p> <p>> Free advertising for your company and services (restrictions apply)</p> <p>> Discussion group and blog participation</p>
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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: _____

