



**CFA Society
San Francisco**

INDUSTRY MEMBERSHIP APPLICATION

Date: _____ Candidate ID (if applicable): _____

Personal Information

Name: _____

Daytime Phone: _____

Email: _____

Home Mailing Address: _____

Employer & Education Information

Company Name (if applicable): _____

Title: _____

Company Address: _____

Alma Mater: _____

Payment Information

The annual cost of Industry Membership is \$150.

Please make a check or money order payable to CFA Society San Francisco. Your payment will not be processed until your application is approved.

Payment should be mailed to:

CFA Society San Francisco
235 Montgomery St., Suite 725
San Francisco, CA 94104



CFA Society
San Francisco

INDUSTRY MEMBERSHIP APPLICATION

Sponsor Form

Membership Applicant Name: _____

Sponsor Information (to be completed by sponsor)

Name of Sponsor: _____

Sponsor's Email: _____

By signing below, I certify that I am a current Regular member of CFA Society San Francisco and/or a CFA charterholder in good standing and recommend that the above named applicant be approved as a member of CFA Society San Francisco.

Sponsor Signature: _____ Date: _____

Please return this signed form to CFA Society San Francisco via:

US Mail

ATTN: Membership
CFA Society San Francisco
235 Montgomery St., Suite 725
San Francisco, CA 94104

If you have any questions, please contact the CFA Society San Francisco Membership Department at (415)814-7902 or admin@cfa-sf.org.



CFA Society
San Francisco

INDUSTRY MEMBERSHIP APPLICATION

Supervisor Form

Membership Applicant Name: _____

Supervisor Information (to be completed by supervisor)

Name of Supervisor: _____

Supervisor Email: _____

Supervisor Title: _____

By signing below, I certify that I am the applicant's supervisor and recommend their approval as a member of CFA Society San Francisco.

Supervisor Signature: _____ Date: _____

Please return this signed form to CFA Society San Francisco via:

US Mail

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San Francisco, CA 94104

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