

MEMBERSHIP APPLICATION

Membership is valid for one year from acceptance into the Society of FSP.



I hereby apply for membership in the Society of FSP and the _____ chapter (if applicable).



Name _____ Nickname _____ Birth Date (optional/required for young professional discount) _____

Designations/Degrees Held _____ Designations/Degrees Pursuing _____ Licenses _____

Firm/Agency/University _____ Parent Company _____

Mailing Address _____

City _____ State _____ Zip+4 _____

E-Mail Address _____ Business Phone _____

Referring Member's Name (if applicable) _____

I agree to be governed by the bylaws of the Society of FSP and to the Code of Professional Responsibility (to review go to www.SocietyofFSP.org/AboutUs). I understand I have a self-reporting responsibility under this code.

NATIONAL FEES* Required	Fees are valid from July 1, 2019–June 30, 2020 <input type="checkbox"/> Regular \$280.00 <input type="checkbox"/> Young Professional \$140.00 <input type="checkbox"/> Associate \$280.00 *Reflects 30% discount on national fees for new members only. See reverse side for membership descriptions.	\$
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CHAPTER FEES Required (if applicable)	For chapter fees call 1-800-392-6900 or visit www.SocietyofFSP.org/fees .	\$
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JOURNAL	Subscription included with membership fee; choose preferred format: <input type="checkbox"/> Print (includes access to digital edition) <input type="checkbox"/> Digital only	
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SECTIONS	One Section is free, join two or more for \$50. <input type="checkbox"/> Employee Benefits <input type="checkbox"/> Financial & Retirement Planning <input type="checkbox"/> Practice Management <input type="checkbox"/> Estate Planning <input type="checkbox"/> Insurance & Risk Management	
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You must provide your e-mail address to receive Sections e-newsletters. Total Sections Fees \$

Total Due	\$
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PAYMENT OPTIONS

Check payable to the Society of FSP (One-time full amount)

Credit Card VISA MC AMEX DISC

One-Time Full Amount Monthly Auto Renewal*

Card # _____ Exp. Date _____

Signature _____

E-Check One-Time Full Amount Monthly Auto Renewal*

9-Digit Routing # _____ Acct. # _____

Signature _____

**See reverse side for monthly auto renewal terms.*

Sign-up Online:
www.SocietyofFSP.org

Call Member Services at:
800-392-6900
M-F 9:00 am–4:30 pm ET

Or, complete this application and forward with payment to:

Fax: 610-527-1499
Credit Card and E-Check Only

Mail: Society of FSP
PO Box 71205
Phila., PA 19176-6205

FSP NATIONAL MEMBER TYPES AND ANNUAL FEES

Note: All members must pay national fees and chapter fees if applicable. Contact Member Services at 800-392-6900 for additional chapter information and local fees, or visit national.SocietyofFSP.org/fees.

REGULAR (\$400.00 + applicable chapter fees)

Professionals eligible for regular membership: AEP®, CASL®, CEBS®, CFA®, CFP®, ChFC®, CIMA®, CLF®, CLU®, CPA, CPC, CPCU®, CTFA, Enrolled Actuary, JD, Graduate Degree in Financial Services (MS, MSFS, MSM, MBA, PhD), REBC®, RHU® & RICP®.

YOUNG PROFESSIONAL (\$200.00 + applicable chapter fees)

For members who are age 40 or younger meeting the requirements of regular or associate membership. After attaining age 41 they will be reclassified as either a Regular or an Associate Member.

ASSOCIATE (\$400.00 + applicable chapter fees)

A financial service professional recommended by a regular Society of FSP Member AND has any of the following: Five years of experience OR pursuing one of our eligible designations/graduate degrees OR holds a Series 6, 7, 63, 65 or 66 license.

STUDENT (\$50.00 + applicable chapter fees)

Full-time undergraduate students in a degree program at an accredited college or university. National fees provide for web benefits only. Restrictions apply, call for details.

SECTIONS

One free Professional Interest Section is included with your FSP membership. You may join two or more Sections for \$50. Members can use the FSP website to access current and archived newsletters and participate in the electronic discussion groups.

Note: Your e-mail address is required to receive Section newsletters and to participate in the electronic discussion groups. Newsletters are formatted for easy printing from your computer.

***Authorization agreement for E-Check/Credit Card Auto Renewal**

By selecting one of these payment options, you (the member) hereby authorize FSP to initiate e-checks or credit card charges. The Bank Account/Credit Card listed will be automatically debited/charged every month. If your e-check is returned by the bank you will be contacted by member services; benefits will resume as soon as the account is brought current. If an adjustment occurs, you will be notified in advance of any change to your monthly debit/charge. This authorization will remain in full force and effect until FSP receives written notification from you of its termination.



www.SocietyofFSP.org
info@SocietyofFSP.org
800-392-6900
M-F 9:00-4:30 ET