

# 2019 MEMBERSHIP APPLICATION

Membership is Valid Through 9/30/2020

I hereby apply for membership in the Society of FSP and the \_\_\_\_\_ Chapter.



Name \_\_\_\_\_ Nickname \_\_\_\_\_ Birth Year \_\_\_\_\_ Last 4 Digits of SS# (optional) \_\_\_\_\_

Designations/Degrees Held (required) \_\_\_\_\_ Designations/Degrees Pursuing (if applicable) \_\_\_\_\_

Firm/Agency (University if Student) \_\_\_\_\_ Primary Company Affiliation \_\_\_\_\_ Broker-Dealer \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

E-Mail Address\* \_\_\_\_\_ Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

Referring Member's Name (if applicable) \_\_\_\_\_

I agree to be governed by the Bylaws of the Society and the Chapter and conform to the Code of Professional Responsibility (to review go to our Web site and click on "About FSP"). I understand I have a self-reporting responsibility under this code.

<small>Rates are valid from July 1, 2019-June 30, 2020</small>				
<b>NATIONAL DUES</b>	<input type="checkbox"/> Regular \$380.00	<input type="checkbox"/> Associate \$190.00	<input type="checkbox"/> Premier \$1,920.00	\$
Required	<input type="checkbox"/> Full-time Professor \$370.00	<input type="checkbox"/> Student \$48.00	<input type="checkbox"/> Retired \$190.00	
	<input type="checkbox"/> Young Professional \$190.00	<i>See reverse side for descriptions.</i>		

<b>CHAPTER DUES</b>	For Chapter dues call 1-800-392-6900 or visit <a href="http://www.SocietyofFSP.org/dues">www.SocietyofFSP.org/dues</a> .	\$
Required		

<b>SECTION(S)</b>	Your first Section is free. Add one additional Section for \$35 or as many as you like for just \$60.	
<input type="checkbox"/> Bus. & Comp. Planning	<input type="checkbox"/> Financial Planning	<input type="checkbox"/> Qualified Plans
<input type="checkbox"/> Employee Benefits	<input type="checkbox"/> Investment Management	<input type="checkbox"/> Retirement Counseling
<input type="checkbox"/> Estate Planning	<input type="checkbox"/> Leadership & Management	<input type="checkbox"/> Risk Management: <i>Life, Health, Disability, Casualty &amp; Liability Insurance</i>

\*You must provide your e-mail address to receive Section e-newsletters. **TOTAL SECTIONS DUES** \$

<b>SUBTOTAL</b>	\$
<b>TOTAL AMOUNT DUE</b>	\$

**Please complete this application and forward with payment to:**

FAX:  
610-527-1499

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

ONLINE:  
[www.SocietyofFSP.org](http://www.SocietyofFSP.org)

PHONE:  
800-392-6900  
Mon.-Fri. 9:00 am-4:30 pm ET

## PAYMENT OPTIONS

**One-Time BANK DRAFT** Bank Name \_\_\_\_\_

**Monthly BANK DRAFT** 9-Digit Routing/Transit # \_\_\_\_\_

**See reverse side for complete instructions.** Checking Account # \_\_\_\_\_

**CHECK** made payable to the Society of FSP

**CREDIT CARD**  VISA  MasterCard  AMEX  Discover

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature Required for Bank Draft and Credit Card payment

## FSP NATIONAL MEMBER TYPES AND DUES

Note: All members must pay applicable National and Chapter dues. Contact Member Services at 800-392-6900 for additional Chapter information and local dues, or visit [www.SocietyofFSP.org/dues](http://www.SocietyofFSP.org/dues).

**REGULAR** (\$380.00 + Chapter Dues) – 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** (\$190.00 + Chapter Dues) - For members who are age 40 or younger meeting the requirements of regular membership. After attaining age 41 they will be reclassified as a Regular Member.

**FULL-TIME PROFESSOR** (\$190.00 + Chapter Dues) - Full-time professors at accredited colleges and universities are eligible for this category.

**RETIRED/DISABLED** (\$190.00 + Chapter Dues) – Members who consider themselves retired and (a) attained 65 yrs. of age and a minimum of 15 yrs. membership; or (b) their attained age and yrs. of membership add up to 80 or greater. A person who is retired due to a total disability can apply for Disabled membership. The requirement for a minimum of 15 years of membership is waived for disabled applicants.

**ASSOCIATE** (\$190.00 + Chapter Dues) – 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** (\$48.00 + Chapter Dues) – Full-time undergraduate students in a degree program at an accredited college or university. National dues provide for Web benefits only. Restrictions apply.

## PREMIER MEMBERSHIP

**PREMIER MEMBERSHIP** (\$1,920) – Open to all who meet membership eligibility requirements. Includes national and local dues and select FSP national event registration and product fees, saving 50% off the cost of these benefits if purchased separately. (Note: does not include Chapter event fees.) For more information visit [www.SocietyofFSP.org/premier](http://www.SocietyofFSP.org/premier) or contact Member Services at 800-392-6900 or at [info@SocietyofFSP.org](mailto:info@SocietyofFSP.org).

## SECTIONS

Included with your FSP membership is one free Professional Interest Section. You may join one additional Section for \$35 or join as many as you like for just \$60. Members can use e-mail and the FSP Web site 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.



[www.SocietyofFSP.org](http://www.SocietyofFSP.org)  
800-392-6900

## PAY BY AUTOMATED BANK DRAFT

### Bank Draft Information

The Bank Draft payment option allows you to break down your FSP membership dues and Foundation contribution into monthly installments. You can also make a one-time payment.

To take advantage of the Bank Draft option:

1. Provide a void check, or write your bank name, the 9-digit routing/transit number and your checking account number in the payment area of this form. **Do not send a payment or deposit slip.**
2. Sign the front of this form.
3. For installments, your monthly payment may be estimated by taking your adjusted total dues payment and Foundation contribution amount, divide by 12 (months).
4. You will receive an e-mail of confirmation.
5. Draft Date, on/or after the 20th of each month.

**Note:** Bank Draft can also be used to pay membership dues online at [www.SocietyofFSP.org](http://www.SocietyofFSP.org).

Your Name	1001
Address	
City, State, Zip	
	DATE _____
PAY TO THE ORDER OF	\$ _____
	DOLLARS
FOR	
Routing/Transit Number (Required)	Account Number (Required)
	Check Number (Do not include)

### Important Information

Membership runs October 1 through September 30. If you are a re-newing member and elect to pay your dues by monthly Bank Draft after October, the first draft will reflect the amount from October to your start date. After the initial draft, your monthly charge will level off to the amount determined in the calculation from step #3 above. When a new membership year starts, you will receive notification of your monthly draft amount. Should you wish to discontinue the Bank Draft agreement, return that notification to FSP and notify your bank. If you change bank accounts, please notify FSP's Member Services Department at 1-800-392-6900 to obtain a new Authorization Agreement form or go to "My Profile" tab at [www.SocietyofFSP.org](http://www.SocietyofFSP.org).

### Authorization Agreement for Monthly Preauthorized Bank Draft Payments

By signing the dues application, I (we) hereby authorize the Society of Financial Service Professionals, hereinafter called FSP, to initiate monthly debit entries or a one-time debit for total dues payment to my (our) Checking account via the Automated Clearing House system. The monthly debit entries will be in accordance with FSP's notice of National, Chapter, Professional Interest Section dues, and Foundation contributions and procedures for monthly preauthorization bank draft payment. This authority is to remain in full force and effect until FSP and the Member's bank have received written notification from me (or either of us) of its termination in such manner as to afford FSP and the Member's Bank a reasonable opportunity to act on it.