



USA Registered Financial Planners Institute® Application

Visit www.rfpi.com/designations for membership details

(print or type)

* indicates required field

Membership Type *		RFP		ARFP	
		Registered Financial Planner		Affiliate RFP (non-designated)	
Personal Information					
Last Name *		First Name *		M.I.	DOB * (mm/dd/yyyy)
Home Address *		Home City *		Home State *	Home Zip *
Personal Email		Home Phone (no dashes)		Personal Cell # (no dashes)	
Business Information					
Present Employer *		Type of Business *		Current Position *	Date Started
Business Address (include suite #) *		Business City *		Business State *	Business Zip *
Business Email *		Business Phone * (no dashes)		Business Cell # (no dashes)	Business Fax (no dashes)
Years Experience In Financial Planning *					
Send all mail to my home address. <i>Business address will be used if unchecked.</i>					
Education (since high school)					
School, City, State		Graduated		Major	Degree
		Yes	No		
		Yes	No		
		Yes	No		
Licenses (must attach copies)					
FINRA	Series 6	Series 7	Series 3	Finra CD #	
NASAA	Series 63	Series 65	Series 66		
Insurance	Type				
Speciality *					
Name of RIA name (if applicable)					
What professional designations do you currently hold?					
Disciplinary Actions (submit typed explanations to each Yes answer)					
* Has your membership/license to any organization ever been suspended or revoked?				Yes	No
* Has there ever been any disciplinary action taken against you?				Yes	No
* Have you ever been arrested and/or convicted of a misdemeanor or felony?				Yes	No
* Have you ever used any other name to conduct financial business?				Yes	No
* Has your application for designation to any professional membership organization been denied?				Yes	No
* Has your right to engage in providing financial planning guidance and/or selling securities ever been denied?				Yes	No
Misc					
RFPI member names are disclosed on our website (www.rfpi.com), by means of a member search. To request that your name and information does not appear in our member search, please check the box below..					
I do not wish for my name to be appear on the RFPI website					
Name of RFPI Member who referred you?					
How did you learn about RFPI?			Specify Other		

Agreement

1. I understand that I may not use the RFP designation or its logo or advertise myself as a RFP[®] 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[®] 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[®] during the 3 year reporting period.
5. I understand that the RFPI[®] Board has the absolute and unrestricted right to revoke any rights I have to use the RFP[®] designation. I understand that failure to comply with any of the RFPI[®] Code of Ethics could result in forfeiture of the designation.
6. If your application is approved for membership and you are granted use of RFP[®] designation, your confirmation can be sent by email if requested. Please confirm email address here:
7. 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.
8. **All applications must be signed by applicant.**
9. RFP[®] membership packets are sent within 7 -10 days of board approval, (receipt for credit card payment will be emailed.)

I hereby submit this application to the Registered Financial Planners Institute[®] 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[®]. 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 _____

Date *

Payment	Payment Options
RFP \$150 initial fee \$50 processing fee (one-time) \$200 total payment	1.) Check, made out to "Registered Financial Planners Institute" 2.) Credit Card (Visa or Mastercard)
ARFP \$75 initial fee \$50 processing fee (one-time) \$125 total payment	Card Number Name (as it appears on card)
Mail this application, any supporting documents and payment to: Registered Financial Planners Institute P.O. Box 4 Amherst, OH 44001 Fax: 888-254-5314 (if paying by credit card)	Expiration Date (mm/yyyy) Email to send credit card receipt