



Personal Financial Planning Associaton

MEMBERSHIP APPLICATION		
APPLICANT INFORMATION		
Name:	School Year:	
Date of birth:	Phone:	
Current address:		
City:	State:	ZIP Code:
Email:		
Residency Status:		
Fall Conference:	<input type="checkbox"/> NAGDCA <input type="checkbox"/> SOFSPF <input type="checkbox"/> FPA Volunteer <input type="checkbox"/> FPA <input type="checkbox"/> FTA <input type="checkbox"/> Schwab <input type="checkbox"/> Other : _____	Spring Conference: <input type="checkbox"/> Dallas-Ft. Worth FPA Financial Planning Symposium <input type="checkbox"/> Dallas-Ft. Worth FPA Career Day <input type="checkbox"/> Austin FPA Career Day <input type="checkbox"/> Houston FPA Meeting <input type="checkbox"/> TD Ameritrade Institutional Conference <input type="checkbox"/> T3 Technology Conference
ACADEMIC INFORMATION		
Major:	Classification:	
Graduation Date:	Student R#:	
Extracurricular Activities:		
EMPLOYMENT INFORMATION		
Current employer:		
Position:	How long?	
City:	State:	ZIP Code:
EMERGENCY CONTACT		
Name of Emergency Contact:		
Address:	Phone:	
City:	State:	ZIP Code:
Relationship:		
SIGNATURE		
Signature of applicant:	Date:	

* The above information will be kept confidential and used for PFPA purposes only to include travel applications and reimbursements. Submit completed membership form to Cynthia Cantu (cynthia.cantu@ttu.edu). Upon receipt, you will be invoiced for payment.