



Personal Financial Planning Association

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		School Year:
Date of birth:	Phone:	
Current address:		
City:	State:	ZIP Code:
Email:		
Residency Status:		
Fall Conference:	Spring Conference:	
<input type="checkbox"/> NAGDCA	<input type="checkbox"/> Dallas-Ft. Worth FPA Financial Planning Symposium	
<input type="checkbox"/> SOFSPF	<input type="checkbox"/> Dallas-Ft. Worth FPA Career Day	
<input type="checkbox"/> FPA Volunteer	<input type="checkbox"/> Austin FPA Career Day	
<input type="checkbox"/> FPA	<input type="checkbox"/> Houston FPA Meeting	
<input type="checkbox"/> FTA	<input type="checkbox"/> TD Ameritrade Institutional Conference	
<input type="checkbox"/> Schwab	<input type="checkbox"/> T3 Technology Conference	
<input type="checkbox"/> Other :		

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