



RFA® • RFC® • Association Renewal

Member Prior to 10/1/2022

Renewal Information (please print or type)

Prefix	First Name	M.I.	Last Name	Suffix	Salutation
Business Name					
Street Address		Ste.	City	State	Zip
Business Phone		Fax	Cell Phone		
Business Email Address		Primary	<input type="checkbox"/> Yes <input type="checkbox"/> No	Website	

Home Information

Street Address		Ste#	City	Stat	Zip
Home Phone		Cell Phone			
Home Email Address		Birthdate MM/DD/YY			
Please send all mail to my: <input type="checkbox"/> Business Address <input type="checkbox"/> Home Address					

Affirmation / Attestation

By submitting annual dues to retain my membership and/or my professional designation, I do hereby attest and affirm the following:

- ☐ 1. I will abide by the IARFC Code of Ethics;
- ☐ 2. I have completed the required amount of professional CE hours. I understand the evidence of this may be randomly requested by the IARFC;
- ☐ 3. I have not had any professional license, certificate, registration, or permit revoked or suspended, or been the subject of any order, decree, or sanction of a court, exchange, or regulatory agency.

(Note: If you cannot affirm and attest the above, documentation may be required.)

I affirm and attest that I have read and understand the above, that the information I have provided complete and accurate to the best of my knowledge and belief, and I further understand that my IARFC membership and/or designation may be revoked if I provided any false or incomplete information.

Signature of Applicant (required) _____ Date _____

Recommend a colleague for Membership

Full Name	
Address	
City	State, Zip
Phone	Email

Membership Type Choose one

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☐ **RFA® — Registered Financial Associate**

Designation & Association Fee:	\$150
Apply late fee if 60 days after renewal date	\$25
Total payment	_____

☐ **RFC® — Registered Financial Consultant**

Designation & Association Fee:	\$300
Apply late fee if 60 days after renewal date	\$25
Total payment	_____

☐ **Association Member**

Association Fee	\$100
Apply late fee if 60 days after renewal date	\$25
Total payment	_____

☐ **RFC® Retired**

Designation & Association Fee	\$150
Apply late fee if 60 days after renewal date	\$25
Total payment	_____

RFC® Retired designees must no longer be practicing in the financial services industry and seeking out new clients, nor provide services to former clients. The word "Retired" must be added to the designation when it is used in a public manner. CE requirements are waived as long as retired status is maintained.

Payment Options

1. Mail payment to: IARFC
P.O. Box 506, Middletown, OH 45042
2. Fax to: (513) 345-9479 (credit card only)
3. Email to: info@iarfc.org

Check payable to: IARFC
Credit Card: Visa, MC, Amex, or Discover

Credit Card# _____

Ex. Date. _____ Security Code _____

Signature _____