



International Association of Registered Financial Consultants

RFC® • RFA® • General Membership Application

Applicant Information (please print or type)

Membership Type *Choose one*

Please provide your name only on the line above as you want it to appear on your Certificate.

Business Information

Prefix	First Name	Middle Initial	Last Name	Suffix
Business Name			Preferred Salutation	
Street Address		Ste#/Apt	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#/Apt	City	State	Zip
Home Phone		Cell Phone			
Home Email Address			Birthdate MM/DD/YY		

Please send all mail to my Business Address Home Address

Experience

Must have a minimum of four years of experience as a full-time practitioner in the field of financial planning or financial services: Full-time _____ Part time _____

Education (Education criteria requires an applicant to assert and document achievement in any one of the areas) **Education, Professional Designations or Licensing**

Educational Background

School, City, State (Since High School)	Graduated		Major	Degree
	Yes	No		

(Evidence of license, diploma or documents may be requested. You need not submit evidence with the application.)

Professional Designations: AAMS CFA CFP ChFC CLU CPA EA LUTCF Other _____

Licensing

Broker/Dealer _____ (Personal) FINRA CRD No. _____

Securities Licenses: Series 6 and 63 Series 7 and 63 Series 6 and 66 Series 7 and 66 Series 65 Other _____

Insurance Licenses: Life Health Variable Contracts Prop. & Casualty Other _____

Primary Insurance Company (if any) _____

Affiliated with an SEC Registered Investment Advisor (RIA)? Yes No

Name of RIA _____

Code of Ethics (Applicants must subscribe and adhere to the IARFC Code of Ethics)

I will at all times put my client's interest above my own. I will maintain proficiency in my work through continuing education. When fee-based services are involved, I will charge a fair and reasonable fee based on the amount of time and skill required. I will abide by both the spirit and the letter of the laws and regulations applicable to financial planning services. I will give my clients the same service I would give myself in the same circumstances.

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RFC® — Registered Financial Consultant

Nonrefundable Application Fee: \$75
 Designation/Membership Fee: \$225
 Total payment \$300
 Commence on anniversary of Membership
 RFC® Designation and Annual Fee \$225

RFA® — Registered Financial Associate

Nonrefundable Application Fee: \$50
 Designation/Membership Fee: \$120
 Total payment \$170
 Commence on anniversary of Membership
 RFA® Designation and Annual Fee \$120

IARFC General Membership

Nonrefundable Application Fee: \$75
 Membership Fee: \$75
 Total payment \$150
 Commence on anniversary of Membership
 Annual Membership Fee \$75

Payment Options

- Mail Application with payment to:
IARFC
P.O. Box 506, Middletown, OH 45042
- Fax Application to:
513.345.9479 (credit card only)
- Email Application to: info@iarfc.org

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

Credit Card#

Ex. Date. Security Code

Signature

Questions relating to business and ethical conduct

(If you check "Yes" to any of the following questions please attach a written explanation)

	Yes	No
Have you ever been refused a surety bond or other form of employment security?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been denied or enjoined from selling or dealing in securities or from functioning as an Investment Advisor?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been arrested, indicted, or convicted for any felony or misdemeanor, except for minor traffic offenses?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been known personally by any other name, or have you ever conducted financial activities, conducted business or carried brokerage or bank accounts in any other name?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever become insolvent, failed in business or compromised with creditors? If "Yes" – please provide the date name and location of court, disposition, liabilities, and assets.	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a license, permit, certificate, registration or membership denied, suspended, revoked or restricted, or have you had an application of such type ever withdrawn for cause?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been the subject of any order, judgement, decree or other sanction of a foreign court, foreign exchange, or have you ever been the subject of any action by a foreign or domestic governmental or regulatory agency?	<input type="checkbox"/>	<input type="checkbox"/>

Attestations (Applicants please read carefully)

- I hereby certify that I have read and understand the foregoing statements and that my responses are true and complete to the best of my knowledge.
- I hereby apply for IARFC membership and, in consideration of my application, I submit myself to the jurisdiction of the Association and hereby verify that I agree to abide by all the provisions of the ByLaws and regulations of the Association as they are and may be amended; and I agree to comply with all such requirements, subject to right of appeal as provided by law, and I agree that any decision as to the result of any examination(s) that I may be required to pass or annual CE requirements will be accepted by me as final.
- I further agree that neither the Association nor its officers or employees shall be liable to me for action taken or omitted in official capacity or in the scope of employment, except as otherwise provided in the statutes, ByLaws, or the Association's regulations.
- I authorize the Association to make available to any federal, state or municipal agency, or any securities or commodities industry self-regulatory organization, any information they may have concerning me or to request confirmation of my status, and I release those organizations, employees and agents, from any and all liability of whatever nature by reason of furnishing such information.
- I further agree that any part of the information contained in this application and any subsequent documents in my IARFC file may be divulged to interested parties as part of the referral system for the benefit of members and the public.
- I hereby certify that I have a sound record of business integrity with no suspension or revocation of any professional licenses, and I hereby subscribe to the IARFC Code of Ethics, a copy of which I have read and understand.
- It is agreed and understood that any material misrepresentation of facts or information given in this or subsequent application or renewal may be cause for immediate revocation of membership and all its privileges, without refund of any dues or fees paid.
- I understand that failure to disclose any regulatory event, including suspensions or revocations, may disqualify me.
- I agree to maintain proficiency in my work by completing continuing education in the field of financial planning and counseling — which can include subjects relating to practice management, delivery of professional services, portfolio management or financial product application and service.
- As an applicant for membership, I understand and agree that my RFC® and/or RFA® designation with the IARFC will not become effective until submission of all required documentation in proper order and upon written acceptance by the IARFC.
- I understand that all IARFC Certificates of Designation remain the property of the Association and must be destroyed or returned to the Association should my membership or the right to display the certificate of designation be suspended or terminated.
- I understand that continuation of the RFC® and/or RFA® designation requires 40 hours of CE per year, which commences January of the year following acceptance.
- I understand that if I do not meet the required professional experience of 4 years for the RFC®, the IARFC will qualify and award me the RFA® designation. RFA® designation converts to the RFC® upon completion of four years of experience.

I attest that I have read and understand the above, that the information I have provided is 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.

First Name		Last Name	
Address			
City			
State, Zip			
Phone			
Email			

How did you learn about the IARFC?

- Advertisement Article Association
 Broker/Dealer _____
 Direct Mail Email Exhibit
 IARFC Website Insurance Co. Referral
 Other _____

Referred by (if applicable)

Full Name
City, State



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1046 Summit Drive, P.O. Box 506
Middletown, OH 45042-0506

P: 800.532.9060

F: 513.345.9479

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W: IARFC.org