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Application for Staff Associate Membership

Annual Membership Dues: \$60
Nonrefundable Application Fee (Waived): \$0
Total First Year: \$60

Mr. Mrs. Ms. Other _____ Your Preferred Salutation/Nickname (i.e., "Bill") _____

First Name _____ Middle _____ Last _____

Check Credit Card# _____ Expiration Date _____ Security Code _____

Name of Business _____

Business Address _____ Ste # _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Business Email _____

Business Website URL _____

Residence Address _____ City _____ State _____ Zip _____

Phone _____ Birthdate _____ IARFC Referrer if any _____

FINRA Member Firm (if any) _____ FINRA CRD No. _____

Securities Licenses: Series 7 Series 6, 22 or 62 Series 24 Series 27 Series 65 Other _____

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

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

Designations: AAMS AEP CFA CFP ChFC CIMA CLU CPA CPA/PFS CRSA EA FSS JD/LLB

LUTCF MBA MS MSFS MSFM Ph.D. RFP Other _____

The following should be read carefully by the applicant:

1. 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.
2. I hereby apply for IARFC registration and, in consideration of my application, I submit myself to the jurisdiction of the organization and hereby verify that I agree to abide by all the provisions of the bylaws and regulations of the organization 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.
3. 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 rules and regulations.
4. I authorize the organization 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.
5. I further agree that any part of the information contained in this application and any subsequent documents in my IARFC registration file may be divulged to interested parties as part of the referral system for the benefit of members and the public.
6. 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.
7. 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.
8. I understand that failure to disclose any regulatory event, including suspensions or revocations, may disqualify me.
9. IAs an applicant for registration, I understand and agree that my RFC designation with the IARFC will not become effective until submission of all required documentation in proper order and upon written acceptance by the IARFC.

SIGNATURE OF THE APPLICANT (required)

DATE

SIGNATURE OF A WITNESS (required)