



RFA® • RFC® • Association Renewal

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: Business Address 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

RFA® • RFC® • Association

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: \$315
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

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

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

Credit Card# _____

Ex. Date. _____ Security Code _____

Signature _____