



International Association of Registered Financial Consultants

RENEWAL RFA® • RFC® • General Membership

Renewal Information *(please print or type)*

Business Information

Prefix	First Name	Middle Name	Last Name	Suffix
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			

Home Information

Street Address	Ste#	City	State	Zip
Home Phone	Cell Phone			
Home Email Address	Primary <input type="checkbox"/> Yes <input type="checkbox"/> No		Birthdate: MM/DD/YY	

Please send all mail to my Business Address Home Address

Professional Education and Conduct Certification for RF3® and RF5® designees

- CE: I certify that I abide by the IARFC professional continuing education requirement of 40 hours every two years for the RFA® and/or RFC® designations, (unless retired). I understand that evidence of this attendance may be requested by the IARFC at any time within two successive calendar years.
- Conduct: I certify that I have not had any professional license, certificate, registration or permit revoked or suspended or been the subject of any order, judgment, decree or sanction of a court, exchange or regulatory agency.

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.

I 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 _____

Membership Type *Choose one*

RFA® • RFC® • General Membership

RFA® — Registered Financial Associate

RFA® Designation and Annual Fee: \$120
Apply Late fee if 60 days after renewal date \$25

Donate to the:
 National Financial Planning Competition:
 Silver \$50, Gold \$100,
 Platinum \$250, Diamond \$500 _____

Total payment _____

RFC® — Registered Financial Consultant

RFC® Designation and Annual Fee: \$225
Apply Late fee if 60 days after renewal date \$25

Donate to the:
 National Financial Planning Competition:
 Silver \$50, Gold \$100,
 Platinum \$250, Diamond \$500 _____

Total payment _____

IARFC General Membership

Annual Membership Fee: \$75
Apply Late fee if 60 days after renewal date \$25

Donate to the:
 National Financial Planning Competition:
 Silver \$50, Gold \$100,
 Platinum \$250, Diamond \$500 _____

Total payment _____

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 _____

Recommend a colleague for Membership

Full Name	
Address	
City	State, Zip
Phone	Email