



**Accredited Financial Counselor®
Enrollment Form**

****Fields in BOLD must be completed for enrollment****

Date: _____ \ _____ \ _____

Name: _____

Employer: _____

Job Title: _____

Work Address: _____

City: _____ **State:** _____ **Zip:** _____
**If military or overseas, please also list city and country*:*

City: _____ **Country:** _____

Phone: _____ **Fax:** _____

E-Mail: _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____

Contact you **at home** **at work**

<u>Fees</u>		
Enrollment (non refundable)	\$50	\$ _____
AFC Course 1	\$400	\$ _____
AFC Course 2	\$400	\$ _____
Postal charge (non-US only)	\$35	\$ _____
TOTAL ENCLOSED		\$ _____

Highest Education Level Completed:

High school diploma

Community or technical degree

BS or BA degree

MS or MA degree

Ph.D. Degree

Other _____

Professional Designations: (in good standing):

ACC ChFC

CFCS CLU

CFP CEBS

CPA

Other _____

Employment Experience(s): (check all that apply)

Financial **Counseling** **Other** _____

College or University

Teaching

Cooperative Extension Service

Financial Aid

Financial Institution

Bank

Brokerage House

Credit Union

Insurance

Other Financial Services Firm

Military

Years of Experience

0-2 years

2-5 years

5-10 years

10-20 years

20+ years

Payment Information

VISA MasterCard American Express Check # _____

Card Number: _____ **Exp. Date:** _____

Name on Card: _____

Signature: _____