



**2010 Student Membership
Application**

\$35*

New *Renewal*

Name _____

Address _____

City _____

State _____ Zip _____ Country _____

Is this work or home ?

Employer _____

Title _____

Phone (o) _____ (h) _____

Fax _____ Email _____

Professional Designations:

- ACC
- AFC
- CEBS
- CFCS
- CFS
- CFP
- CHC
- ChFC
- CLU
- CPA
- Other

Employment Type:

- Banking, Credit Union
- College, University
- Consumer Credit Counseling
- Employee Assistance
- Extension Service
- Financial Counseling
- Legal Services
- Military Services
- Retired
- Other

****An additional shipping fee of \$35.00 will be charged for addresses outside of the United States***

Card Number _____ Exp Date _____

Name of Cardholder _____

Signature _____

Fax to: (614) 485-9621 or mail payment to:
1500 W Third Avenue, Suite 223 Columbus, OH 43212