



# APPLICATION FOR STUDENT MEMBERSHIP

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## GUIDE FOR COMPLETING THE CFASSD MEMBERSHIP APPLICATION ~ STUDENT MEMBERSHIP CATEGORY ~

Thank you for your interest in joining the CFA Society San Diego, a CFA Institute member society. This application is the **Student** membership category and must be accompanied with a transcript (**unofficial copy** is fine) from your university.

- CFASSD’s Student Membership is available to those who are matriculating toward a bachelor’s or master’s degree in finance, business, accounting, economics, or other courses of study related to the investment decision-making process.
- Student membership is valid for one year and must be renewed annually.
- CFASSD’s student membership year runs in a 12-month cycle. The membership year will run July 1<sup>st</sup> to June 30<sup>th</sup>.
- CFASSD student dues are \$50 annually and are not prorated.
- Individuals may maintain student membership status for **one** year after graduation or until the end of the membership year in which the student discontinues his/her studies toward a degree in business or finance.
- Student membership is only available to individuals who **do not** qualify as Regular or Affiliate members (please see [sandiego.cfasociety.org](http://sandiego.cfasociety.org) and go to **Membership → Join or Renew** for more information).

Please **email** the two completed and signed pages to: [staff@sandiego.cfasociety.org](mailto:staff@sandiego.cfasociety.org). You will receive confirmation of receipt and a link to submit payment. Your membership will be activated within 48 hours of receiving your payment.

<b>Signature:</b>	<b>Date:</b>
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Personal Information			
Name (Last, First, Middle):			
Current Mailing Address:			
City:	State:	Zip:	
Permanent Address:			
City:	State:	Zip:	
Where should we contact you over the next 12 months: <input type="checkbox"/> Current Mailing Address <input type="checkbox"/> Permanent Address			
Cell Phone:		E-mail:	
CFA Institute Number/Candidate Number:		Gender:	Male ____ Female ____
Are you participating in the Research Challenge?		Yes ____	No ____
Have you ever been a CFASSD member in the past?		Yes ____	No ____
Are you or have you been a member of another Society in the CFA Institute?		Yes ____	No ____
<i>If yes, which Society?</i> _____			

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**Professional Designations**

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(e.g. CFP, CMT, CPA, etc.):

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**Education Record**

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Business or Technical School (Name, City, State):

Dates Attended:

Degree Earned:

Undergraduate College (Name, City, State):

Degree, Major/Minor:

Dates Attended:

Graduate School (Name, City, State):

*Expected Completion:*

Degree, Major/Minor:

Dates Attended:

Other: (professional courses & certifications, etc.)

*Expected Completion:*

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**APPLICANT AFFIRMATION: PLEASE READ CAREFULLY AND SIGN THE STATEMENT BELOW:**

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I certify that the information given above is true and complete. I understand that misrepresentation and/or withholding of information will result in the rejection of this application. I hereby assert that I am a matriculating toward a bachelor's or master's degree in finance or business, or other courses of study related to the investment decision-making process. I understand that I may maintain my student membership only as long as I remain such. If I am accepted, I agree to comply with all applicable rules, Bylaws, and dues assessments of CFASSD.

Signature:

Date:

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**FOR CFASSD MEMBERSHIP COMMITTEE USE ONLY**

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**Approval Information**

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Examiner:

Approved as:

Date:

Comments: