



APPLICATION FOR CANDIDATE MEMBERSHIP

P.O. Box 928456 | San Diego, CA 92192-8456
619.684.6228 | staff@sandiego.cfasociety.org

GUIDE FOR COMPLETING THE CFASD MEMBERSHIP APPLICATION ~ CANDIDATE MEMBERSHIP CATEGORY ~

Thank you for your interest in joining the CFA Society San Diego, a CFA Institute member society.

This application is for the **Candidate** membership category. Candidate Membership requirements/guidelines:

- Currently registered as a Level I, Level II, or Level III candidate in the CFA Program.
- No CFA Institute sanctions for professional misconduct.
- Adhere to all policies set forth in the Candidate Responsibility Statement signed when entering the CFA Program.
- Candidate membership is valid for one year and must be renewed annually.
- CFASD's Candidate membership year runs in a 12-month cycle. The membership year will run July 1st to June 30th.
- CFASD Candidate dues are \$50 annually and are not prorated.
- Must join as a regular member upon passing the Level III exam.
- Candidate membership is only available to individuals who **do not** qualify as Regular or Affiliate members (please see sandiego.cfasociety.org and go to **Membership** --> **Join or Renew** for more information).

Please **email** this completed and signed pages to: staff@sandiego.cfasociety.org. You will receive confirmation of receipt. Once the application has been approved an invoice will be sent to submit payment for the dues. Your membership will be activated within 48 hours of receiving your payment.

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: Current Mailing Address Permanent Address

Cell Phone: _____ E-mail: _____

CFA Institute Number/Candidate Number: _____ Gender: Male ____ Female ____

Current Exam Level: Level I ____ Level II ____ Level III ____

Are you or have you been a member of another Society in the CFA Institute? Yes ____ No ____
If yes, which Society? _____

Professional Designations

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

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

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 enrolled the CFA program. I understand that I may maintain my Candidate 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 CFASDD.

Signature:

Date:

FOR CFASDD MEMBERSHIP COMMITTEE USE ONLY

Approval Information

Examiner:

Approved as:

Date:

Comments: