



**CFA Society
South Florida**

Faculty Member/University Administrator Authorization:

Please email completed authorization to membership@cfasouthflorida.org.

I, _____

Faculty Member/University Administrator: (First, M.I., Last),

hereby recommend

Student: (First, M.I., Last),

as a Student Associate for CFA Society South Florida. I certify that this student is enrolled and in good standing at

Name of college/university

Email

Phone: Home/Mobile

Signature

Date

Print Name

Questions?

CFA Society South Florida Membership Committee

membership@cfasouthflorida.org