

Membership Application Form

Application Checklist For Local-Only/Student Membership:

CFA Charterholders must apply online through CFA Institute, not with this paper form.

Name:	
Email:	
Phone:	
Phone Type:	<input type="checkbox"/> Mobile <input type="checkbox"/> Office
Membership Type:	<input type="checkbox"/> Local-only <input type="checkbox"/> Student

Please use the check-boxes below to make sure you've included all the steps of your application packet.

- Membership application form
- Professional Conduct Statement
- Copy of resume
- Reference form(s)
 - *Local-only applicants need 2 references, and 1 must be a CFA Society Minnesota member*
 - *Student applicants need only 1 reference, who can be a professor*
 - *If you need help finding a reference, [contact us](#).*
- Printed proof of passing *either* Level 1 OR the "Self-Test for the Standards of Practice Handbook." *Contact us for instructions.*
- Dues
 - Local-only - \$25
New Local-only Members get a discount their first year
 - Students - Free



Membership Application Form

Local-Only/Student Membership Application

This application is for individuals who are only joining CFA Society Minnesota.

To join CFA Institute, please contact 800-247-8132. Be sure to completely fill out and follow up with any attachments.

Membership Type: Local-only Student Retired
 Do you intend to pursue the CFA Charter? Yes No Undecided

Applicant Contact Information

Mr./Mrs./Ms. First Middle Last

Business Information

Employer

Job Title

Street Address Floor/Suite

City/State/Zip

Phone Email

Home Information

Street Address Floor/Suite/Apt

City/State/Zip

Phone: Home/LAN Mobile Email

Preferred email address: Business Home

Preferred mailing address: Business Home

Preferred telephone number: Business Home Mobile



Membership Application Form

Local-Only/Student Membership Application *(continued)*

Personal Information

Are you a CFA Candidate? Yes No

Have you passed Level I? Yes No

Candidate #: _____ Exam Level: _____

Professional Designations *(Check all that apply)*

Certified Public Accountant (CPA) Chartered Investment Counselor (CIC)

Chartered Accountant (CA) Certified Management Accountant

Certified Financial Planner (CFP) Other (Please specify): _____

Education

Name of College/University Attended Highest Degree Received Years Attended/Graduation

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Work History

Current Employer *(if student, school)* Dates: From To

Current Job Description or Course of Study

Previous Employer *(if student, school)* Dates: From To

Previous Job Description or Course of Study

References

Reference #1 Employer Member Society Name

Reference #2 *(optional for students)* Employer Member Society Name

- Local-Only applicants need 2 references, and 1 must be a CFA Society Minnesota member
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Professional Conduct Statement

Answer the following **five** questions by checking either yes or no at the end of each question. Note that any matter described in the following questions must be disclosed, even if the matter is still pending.

In the last five years, have you been:

1. The subject of, a defendant in, or a respondent in any investigation, civil litigation, arbitration, or other action or proceeding in which your professional conduct, in either a director or supervisory capacity, was at issue?
 Yes No
2. The subject of a written complaint regarding your professional conduct in either a director or supervisory capacity?
 Yes No
3. Permanently or temporarily prevented from: (i) acting as a person required to be registered under any law or regulation (i.e., investment adviser, broker, dealer, etc.); (ii) acting as an affiliated person or employee of any entity required to be registered under any law or regulation (i.e., investment company, bank, etc.); or (iii) trading on any securities or contract market?
 Yes No
4. Found to have aided, abetted, counseled, commanded, induced, or procured the violation by any person or entity of any securities or commodities-related law or regulation or any rule promulgated hereunder?
 Yes No
5. Convicted of (i) any felony or other crime punishable by more than one year in prison, or (ii) a misdemeanor involving moral turpitude (lying, cheating, stealing, or other dishonest conduct) or any substantially equivalent crime in any court of law?
 Yes No

If you answered yes to any of the above, please explain:

Member's Agreement

I have read, understand, and agree to comply with the CFA Society of Minnesota (CFA MN) Articles of Incorporation, Bylaws, CFA INSTITUTE Code of Ethics, Standards of Professional Conduct, Rules of Procedure from Proceedings Related to Professional Conduct, and other rules and regulations established by CFA INSTITUTE, as amended from time to time. I understand that I will be subject to suspension or revocation of FAP membership for violation of CFA INSTITUTE's Rules and Regulations.

I represent that my response to the Professional Conduct Statement and Member's Agreement, and all information provided by me herein is truthful and complete, and I agree to notify FAP of any material changes to my response to the forgoing statements.

Signature

Date



Membership Reference Form

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Applicant Information

Mr./Mrs./Ms. First Middle Last

Employer

Job Title

Other information (Check all that apply) Student Self-Employed

Reference's Information

Mr./Mrs./Ms. First Middle Last

Relationship to Applicant (Check all that apply) Supervisor Co-worker Business relationship
 Other _____

Are you a Regular Member of CFAMN? Yes No

Are you a CFA® Charterholder? Yes No Charter #:

Employer

Job Title/Department

Street Address Floor/Suite

City/State/Zip

Phone Email

Reference's Findings

1. What is the applicant's primary full-time, professional occupation? *(Please be specific)*

2. Are you aware of any problems regarding the applicant's professional competence? Yes No

3. Are you aware of any problems regarding the applicant's character or professional, financial, or business conduct? Yes No

Signature Date



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Signature Date