



The CFA Society of San Diego
 P.O. Box 928456
 San Diego, CA 92192-8456

Phone: 858.271.0599
 Fax: 858.271.0599
 Email: staff@cfassd.org
 Web: www.cfassd.org

A CFA Institute member society

Setting a higher standard for the
 San Diego investment community

GUIDE FOR COMPLETING THE CFASDD MEMBERSHIP APPLICATION STUDENT MEMBERSHIP CATEGORY

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

This packet contains paperwork necessary for the **Student** membership category and must be accompanied with an official transcript from your university.

- CFASDD's Student Membership is available to those who are matriculating toward a bachelors or masters degree in finance or business, or other courses of study related to the investment decision-making process.
- CFASDD Student Members must maintain a GPA of 3.0 or higher and be in good standing at an accredited college/university. (CFASDD will waive requirements for all freshman students.)
- Student membership is for one year and must be renewed annually (membership expires one year from the date an application is approved by the Student Membership Committee).
- CFASDD 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 www.cfassd.org and go to Membership --> How to Join for more information).

Your application will be processed and sent to the CFASDD Student Membership Committee for review at the end of the month in which you submit it. Final membership category is subject to review by CFASDD. You will receive a new member welcome letter when your CFASDD membership is activated.

Membership Application Package Contents:

- CFASDD Membership Application
- CFASDD Membership Bylaws

Before submitting, make a copy of your completed paperwork for your records. Your application will not be processed unless complete. To avoid delays in the application process, please ensure that you sign and enclose the following:

- CFASDD Membership Application
- Official University Transcript & Verification of Current Enrollment
- Current Resume
- Payment

Send the completed and signed forms with payment (check or credit card information) for dues and fees to:

CFASDD
 P.O. Box 928456
 San Diego, CA 92192-8456

If you have any questions concerning membership or the membership application process, email membership@cfassd.org.



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Student Membership Application

CFASSD's Student Membership is available to those who are matriculating toward a bachelors or masters degree in finance or business, and maintain at least a 3.0 grade point average. The application must be accompanied by an official transcript from your university. Student Membership is only available to individuals who do not qualify as Regular or Affiliate members. See the Membership --> How to Join section at www.cfassd.org for more information.

Before completing this application, please review the CFASSD Membership Bylaws, enclosed with this application.

APPLICANTS **MUST** ENCLOSE \$50 PAYMENT

PAYMENT TYPE: Check VISA MasterCard

CARD# _____ EXP _____

CARDHOLDER'S SIGNATURE _____ CCV _____

Note: Applications are reviewed monthly.

HAVE YOU EVER BEEN A CFASSD MEMBER?

YES NO

ARE YOU OR HAVE YOU BEEN A MEMBER OF ANOTHER SOCIETY IN THE CFA INSTITUTE? YES NO IF YES, PLEASE NAME THE SOCIETY BELOW:

CFA INSTITUTE NUMBER/CANDIDATE NUMBER _____

THIS APPLICATION WILL BE CONSIDERED ONLY IF COMPLETE. PLEASE PRINT CLEARLY OR TYPE:

MR. MS. OTHER _____ GENDER: FEMALE MALE PROFESSIONAL DESIGNATIONS _____
CFA®, CFP®, CMT, CPA, ETC.

NAME _____
FIRST NAME MIDDLE NAME LAST NAME/SURNAME INFORMAL NAME

CURRENT ADDRESS _____
ADDRESS CITY STATE ZIP COUNTRY

CURRENT PHONE _____ EMAIL _____

IS YOUR CURRENT ADDRESS VALID: YEAR ROUND ONLY DURING SCHOOL MONTHS (IF VALID YEAR ROUND, YOU DO NOT NEED TO SUPPLY A PERMANENT ADDRESS)

PERMANENT HOME ADDRESS _____
ADDRESS CITY STATE ZIP COUNTRY

PERMANENT HOME PHONE _____ ALTERNATIVE EMAIL _____

PREFERRED MAILING ADDRESS: CURRENT ADDRESS PERMANENT ADDRESS

PREFERRED BILLING ADDRESS: CURRENT ADDRESS PERMANENT ADDRESS

BIRTH YEAR _____

EDUCATION

NAME OF COLLEGE OR UNIVERSITY _____

MAJOR _____ MINOR _____

EXPECTED DEGREE _____ (BA, BS, MBA, MS, ETC.) EXPECTED DEGREE COMPLETION DATE _____

HIGHEST DEGREE RECEIVED _____ NO DEGREE

OTHER DEGREES COMPLETED:

COLLEGE/UNIVERSITY _____ DEGREE _____ DATE _____

COLLEGE/UNIVERSITY _____ DEGREE _____ DATE _____

WHY WOULD YOU LIKE TO BECOME A CFASSD MEMBER? _____



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EMPLOYMENT

ARE YOU CURRENTLY EMPLOYED? YES NO

COMPANY NAME _____

JOB TITLE/RESPONSIBILITY _____ DEPARTMENT _____

COMPANY ADDRESS _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ COUNTRY _____

BUSINESS PHONE _____ BUSINESS FAX _____

- Please attach official university transcript and verification of current enrollment
 Please attach current resume

APPLICANT AFFIRMATION

I, _____, hereby assert that I am a matriculating toward a bachelors or masters degree in finance
(PRINT NAME IN FULL) or business, or other courses of study related to the investment decision-making process. I maintain a GPA of 3.0 or higher and am in good standing at my college/university. 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.

DATE _____ APPLICANT'S SIGNATURE _____

FOR CFASSD MEMBERSHIP COMMITTEE USE ONLY

EXAMINER: _____
APPROVED AS _____ DATE _____
COMMENTS _____

MEMBERSHIP CYCLE

- CYCLE 1: JOIN 1/1 TO 5/31. YEAR: 1/1 TO 12/31
 CYCLE 2: JOIN 6/1 TO 12/31. YEAR: 6/1 TO 5/31