



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

Phone: 619.684.6228
Fax: 619.684.6228
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.
- CFASDD's student membership year runs in a 12-month cycle. Your membership year depends on your join date.
- 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
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If you have any questions concerning membership or the membership application process, email universityrelations@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.

APPLICANTS MUST ENCLOSE \$50 PAYMENT
PAYMENT TYPE: [] Check [] VISA [] MasterCard
CARD# _____ EXP _____
CARDHOLDER'S SIGNATURE _____
Note: Applications are reviewed monthly.

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

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 f nance
(PRINT NAME IN FULL) or business, or other courses of study related to the investment decision-making pro-
cess, I maintain a GPA of 3.0 or higher and am in good standing at my college/univer-
sity. 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 as-
sessments of CFASSD .

DATE _____ APPLICANT'S SIGNATURE _____

FOR CFASSD MEMBERSHIP COMMITTEE USE ONLY

EXAMINER: _____

APPROVED AS _____ DATE _____

COMMENTS _____