FPA
FINANCIAL PLANNING ASSOCIATION
The Heart of Financial Planning™

International Membership Application

Membership Category

International ☐ $35US Annually — I am a professional in the financial services industry AND I currently reside outside the United States. I agree to support FPA's Code of Ethics and Standard of Care.

Contact Information

Personal Information

Name: Mr. Ms. Mrs. Dr._____ Date_____
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Payment Details

Membership Options (*Please check one*)

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Total Amount Due $_____US

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Terms and Conditions

Notice: FPA is required to inform you that $30 of your dues applies to a *Journal of Financial Planning* subscription. Check with your local tax authority to see if your FPA dues are allowed as a deduction.

Disclosure

I, _____, agree to support FPA's Code of Ethics and Standard of Care. **For a complete version of FPA's Code of Ethics, please visit www.FPAnet.org/AboutFPA/Organization/CoreBeliefs/. For a complete version of FPA's Standard of Care, please visit www.FPAnet.org/AboutFPA/Organization/StandardofCare/. For a complete version of the International Community Participation Agreement please visit www.FPAnet.org/Connect/CommunitiesofInterest/ and click on the International Community Participation Agreement link.**

I agree to receive all of my benefits in an electronic or digital format, including the *Journal of Financial Planning*. To see a list of benefits, please visit www.FPAnet.org/Membership/International.

Signature _____ Date _____

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