



MEMBERSHIP APPLICATION

Personal Information

Name:

Home Address:

City, State, Zip:

Home Telephone:

Business Telephone:

Fax:

E-mail:

Title:

Employer:

Business Address:

Length of time with present employer:

Length of time in present position:

How do your professional responsibilities fulfill the requirement of being a financial professional?
(responsibilities, specific function performed - **Please attach a resume if possible**):

Professional History (excluding current position):

Firm:

From

To

Title:

Job Description:

Firm:

From

To

Title:

Job Description:

Firm:

From

To

Title:

Job Description:

Firm:

From

To

Title:

Job Description:

Educational Background

Institutions Attended	Major	Degree	Year Graduated

Affiliations & Achievements

Business Clubs/Professional Affiliations:

Professional Achievements:

Community Involvements and Activities:

Please comment on your long term professional objectives:

How did you become aware of/and interested in the FWA?

Which FWA committee(s) are you interested in joining? Which FWA activities interest you most?

Number of FWA Meetings Attended

List Last Two FWA Functions Attended:

1. _____ 2. _____

Proposed By

(Name)

(Signature) _____

(Firm)

(Telephone)

Please list at least two FWA members who are willing to serve as references. As part of the application process, these people will be contacted by telephone by the Membership Committee.

	Name	Firm	Telephone
1.			
2.			

All of the information supplied herein is a true and accurate accounting of my professional and educational history and current status.

Signature of applicant: _____ Date

Email this application and the proposer's letter of recommendation to
Fwaoffice@fwa.org (preferred)

or mail to:

FWA of New York, Inc.
215 Park Avenue South, Suite 1713
New York, NY 10003.

Please visit www.fwa.org for more information.