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## Student Membership APPLICATION

### PLEASE COMPLETE THE BELOW FORM AND SUBMIT ALONG WITH THE FOLLOWING INFORMATION

- 1 Letter of Recommendation from a Professor
- \$25 check made payable to "CFA Society of Baltimore"
- Signature of Academic Advisor (on form)

### PERSONAL INFORMATION

NAME _____	( ) _____ PHONE
STREET ADDRESS _____	PREFERRED EMAIL _____
CITY, STATE, ZIP _____	SECONDARY EMAIL _____

### MEMBERSHIP INFORMATION

You must be enrolled as a **full time student** (12+ credits) in order to be accepted as a student member.

NAME OF COLLEGE _____	ACADEMIC STATUS (ie. junior, senior, etc.) _____
MAJOR _____	EXPECTED GRADUATION DATE _____
SIGNATURE OF ACADEMIC ADVISOR _____	DATE _____

### CFA PROGRAM INFORMATION

Are you (or have you ever been) enrolled in the CFA program? \_\_\_\_\_ Candidate # \_\_\_\_\_  
Have you completed Level I? \_\_\_\_\_ Year? \_\_\_\_\_ Level II? \_\_\_\_\_ Year? \_\_\_\_\_ Level III? \_\_\_\_\_ Year? \_\_\_\_\_

### CFA INSTITUTE'S AND BALTIMORE CFA SOCIETY'S MISSION STATEMENTS

**CFA Institute** is the leading, global, professional association in the investment industry, serving investment analysts, portfolio managers, and other investment decision makers. With members and Chartered Financial Analyst candidates in affiliated societies and chapters around the world, CFA Institute is uniquely qualified to provide investment leaders with global leadership in investment education, advocacy and educational programs, and the opportunity to network with other investment professionals.

The **CFA Society of Baltimore's** mission is to provide the financial community with information and knowledge, while advocating ethical conduct with regard to investments and financial management. The CFA Society of Baltimore also seeks to encourage and aid the education of persons engaged in the investment profession, and to provide members of the society with opportunities to exchange ideas and information amongst their peers.

- I have read and agree to abide by the code of ethics set forth by CFA Institute.
- I agree that all information provided by me herein is truthful and complete, and I agree to notify the CFA Society of Baltimore of any material changes to this information.

SIGNATURE **X** \_\_\_\_\_  
PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

RETURN FORM  
TO CFASB