



## Application Checklist For Local-Only/Student Membership:

CFA Charterholders must apply online through CFA Insititute, not with this paper form

Name:	
Email:	
Phone:	
Membership Type:	<input type="checkbox"/> Local-Only <input type="checkbox"/> Student

Please use the check-boxes below to make sure you've included all the steps of your application packet

- Membership Application Form
- Professional Conduct Statement
- Copy of Resume
- Reference Forms *If you need help finding a reference, email [meganm@cfamn.org](mailto:meganm@cfamn.org)*
  - Local-Only applicants need 2 references, and 1 must be a CFA Society Minnesota member
  - Student applicants need only 1 reference, who can be a professor
- Printed proof of passing *either* Level I *or* the "Self-Test for the Standards of Practice Handbook" *Contact us for instructions.*
- \$25 Dues (new Local-Only members get a discount of \$105 their first year)

### Questions?

Megan Millett  
Events & Member Services Manager  
[meganm@cfamn.org](mailto:meganm@cfamn.org)  
612-317-2887



## Local-Only/Student Membership Application

This application is for individuals who are only joining CFA Society Minnesota. To join CFA Institute, please contact 800-247-8132. Be sure to completely fill out and follow up with any attachments.

Type of membership:

Student  Local-Only  Retired

Do you intend to pursue the CFA Charter?

Yes  No  Undecided

### Applicant Contact Information

Mr./Mrs./Ms.

First

Middle

Last

### Business Information

Employer

Job Title

Street Address

Floor/Suite

City/State/Zip

Phone/Fax

Email

### Home Information

Street Address

Floor/Suite/Apt

City/State/Zip

Phone: Home/Mobile

Email

Preferred Email Address:

Business

Home

Preferred Mailing Address:

Business

Home

Preferred Telephone Number:

Business

Home

Mobile



# Local-Only/Student Membership Application

## Personal Information

Are you a CFA Candidate?  Yes  No Have you passed Level I?  Yes  No

Candidate #: \_\_\_\_\_ Exam Level: \_\_\_\_\_

Professional Designations (check all that apply)

- Certified Public Accountant (CPA)
- Chartered Investment Counselor (CIC)
- Chartered Accountant (CA)
- Certified Management Accountant (CMA)
- Certified Financial Planner (CFP)
- Other (please specify): \_\_\_\_\_

## Education

\_\_\_\_\_  
Name of College/University Attended Highest Degree Received Years Attended/ Graduation Date

\_\_\_\_\_  
Name of College/University Attended Highest Degree Received Years Attended

\_\_\_\_\_  
Name of College/University Attended Highest Degree Received Years Attended

## Work History

\_\_\_\_\_  
Current Employer (if student, school) Dates: From To

\_\_\_\_\_  
Current Job Description or Course of Study

\_\_\_\_\_  
Previous Employer (if student, school) Dates: From To

\_\_\_\_\_  
Previous Job Description or Course of Study

\_\_\_\_\_  
Previous Employer #2 (if student, school) Dates: From To

\_\_\_\_\_  
Previous Job Description or Course of Study

## References

\_\_\_\_\_  
Reference #1 Employer Member Society Name

\_\_\_\_\_  
Reference #2 Employer Member Society Name

- Local-Only applicants need 2 references, and 1 must be a CFA Society Minnesota member
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## Professional Conduct Statement

Answer the following **five** questions by checking either yes or no at the end of each question. Note that any matter described in the following questions must be disclosed, even if the matter is still pending.

In the last five years, have you been:

- A. The subject of, a defendant in, or a respondent in any investigation, civil litigation, arbitration, or other action or proceeding in which your professional conduct, in either a director or supervisory capacity, was at issue?  
 Yes  No
- B. The subject of a written complaint regarding your professional conduct in either a director or supervisory capacity?  Yes  No
- C. Permanently or temporarily prevented from: (i) acting as a person required to be registered under any law or regulation (i.e., investment adviser, broker, dealer, etc.); (ii) acting as an affiliated person or employee of any entity required to be registered under any law or regulation (i.e., investment company, bank, etc.); or (iii) trading on any securities or contract market?  Yes  No
- D. Found to have aided, abetted, counseled, commanded, induced, or procured the violation by any person or entity of any securities or commodities-related law or regulation or any rule promulgated hereunder?  
 Yes  No
- E. Convicted of (i) any felony or other crime punishable by more than one year in prison, or (ii) a misdemeanor involving moral turpitude (lying, cheating, stealing, or other dishonest conduct) or any substantially equivalent crime in any court of law?  Yes  No

If you answered yes to any of the above, please explain:

[Click here to enter text.](#)

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## Member's Agreement

I have read, understand, and agree to comply with the CFA Society of Minnesota (CFA MN) Articles of Incorporation, Bylaws, CFA INSTITUTE Code of Ethics, Standards of Professional Conduct, Rules of Procedure from Proceedings Related to Professional Conduct, and other rules and regulations established by CFA INSTITUTE, as amended from time to time. I understand that I will be subject to suspension or revocation of FAP membership for violation of CFA INSTITUTE's Rules and Regulations.

I represent that my response to the Professional Conduct Statement and Member's Agreement, and all information provided by me herein is truthful and complete, and I agree to notify FAP of any material changes to my response to the forgoing statements.

Signature

Date



## Reference Form

- Local-Only applicants need 2 references, and 1 must be a CFA Society Minnesota member
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### Applicant Information

Mr./Mrs./Ms.                      First                                      Middle                                      Last

Employer

Job Title

Other Information (Check all that apply):     Student                       Self-Employed

### Reference's Information

Mr./Mrs./Ms.                      First                                      Middle                                      Last

Relationship to Applicant (Check all that apply):  Supervisor  Co-Worker  Business Relationship  Other \_\_\_\_\_

Are you a Regular Member of CFAMN?     Yes     No

Are you a CFA® Charterholder?             Yes     No                      Charter #: \_\_\_\_\_

Employer

Job Title/Department

Street Address

Floor/Suite

City/State/Zip

Phone

Email

### Reference's Findings

1. What is the applicant's primary full-time, professional occupation? (Please be specific)

2. Are you aware of any problems regarding the applicant's professional competence?     Yes     No

3. Are you aware of any problems regarding the applicant's character or professional, financial, or business conduct?     Yes     No

Signature

Date



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3. Are you aware of any problems regarding the applicant's character or professional, financial, or business conduct?     Yes     No

Signature \_\_\_\_\_ Date \_\_\_\_\_