



**CFA Society  
South Florida**

## Faculty Member/University Administrator Authorization:

Please email completed authorization to [membership@cfasouthflorida.org](mailto:membership@cfasouthflorida.org).

I, \_\_\_\_\_

**Faculty Member/University Administrator: (First, M.I., Last),**

hereby recommend

\_\_\_\_\_  
**Student: (First, M.I., Last),**

as a Student Associate for CFA Society South Florida. I certify that this student is enrolled and in good standing at

\_\_\_\_\_  
**Name of college/university**

\_\_\_\_\_  
**Email**

\_\_\_\_\_  
**Phone: Home/Mobile**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

### **Questions?**

CFA Society South Florida Membership Committee

Vincent Colicchio, CFA or Tisha Turner, CFA

[membership@cfasouthflorida.org](mailto:membership@cfasouthflorida.org)