

Inactive Status Application

Application will not be processed without the appropriate fee.

1. AFP ID #: _____ AFP MEMBER? YES NO

2. NAME: _____
LAST FIRST MIDDLE

3. TITLE: _____

4. COMPANY: _____

5. MAILING ADDRESS PREFERENCE (HOME BUSINESS)

6. BUSINESS ADDRESS: _____
 CITY: _____ STATE/PROV: _____ ZIP/POSTAL CODE: _____ COUNTRY: _____

7. HOME ADDRESS: _____
 CITY: _____ STATE/PROV: _____ ZIP/POSTAL CODE: _____ COUNTRY: _____
 PHONE (OFFICE): _____ FAX: _____
 E-MAIL: _____

8. I am a CTP/CTP(CD)/CCM in good standing and wish to apply for Inactive Status for the following reason:

<input type="checkbox"/> Active Military Duty	<input type="checkbox"/> Death of a Family Member	<input type="checkbox"/> Serious Illness of Family Member or Self
<input type="checkbox"/> Birth or Adoption of a Child	<input type="checkbox"/> Leave of Employment to Care for a Child or Other Dependent.	<input type="checkbox"/> Other (please describe)

9. INACTIVE STATUS APPLICATION FEES (USD):

Member Status	
AFP Member	<input type="checkbox"/> \$85.00
Non-Member	<input type="checkbox"/> \$200.00

10. METHOD OF PAYMENT: CHECK AMERICAN EXPRESS MASTERCARD VISA DISCOVER CARD DINERS CLUB

CARD NUMBER: _____ EXPIRATION DATE: _____

SIGNATURE: _____

By signing and submitting this Inactive Status Application, I verify that the information contained is true, complete and accurate, and I accept the conditions set forth in the Inactive and Reactivation guidelines.

SIGNATURE: _____ DATE: _____

<p>— Use this form to apply for inactive status.</p> <p>— Fax signed form and the appropriate fee to 301.907.2864.</p> <p>— If paying by check, mail to: Association for Financial Professionals P.O. Box 64714 Baltimore, Maryland 21264 USA Attn: Certification Department</p>	<p>..... To avoid duplicate credit card charges do not mail a previously faxed form.</p> <p>..... If you have any questions, please contact the AFP Certification Department by e-mailing recertification@AFPonline.org or by calling 301.907.2862.</p> <p>.....</p>
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