



Association of Divorce Financial Planners

ADFP MEMBERSHIP APPLICATION

I hereby apply for membership in the Association of Divorce Financial Planners, Inc.

Name _____

Company Name _____

Title _____

Address _____

Web Address _____

Residence _____

Telephone: Business _____ Home _____

Fax _____ E-mail * _____

CFP® Number _____

Send mail to: _____ Business _____ Residence _____

* Most member communications will be by e-mail.

Membership dues are \$195 for 2008

*Make your check payable to: "Association of Divorce Financial Planners."
Mail check and application to: Pam Humbert, ADFP Administrative Assistant,*

514 Fourth Street, East Northport, NY 11731

Phone & Fax: 631-754-6125; Email: pkserver@optonline.net

Your Background

My primary profession is _____ financial planning _____ other (specify) _____

I hold the following licenses or designations that are periodically monitored and regulated by a government agency or other entity: CFP®, CPA, EA, JD, LLB, FINRA, other (please specify) _____ (Circle all that apply).

I have _____ years of experience in divorce financial planning.

I have _____ years experience in financial consulting, matrimonial law, divorce mediation, actuarial analysis, forensic accounting, banking, business/career asset valuation, family therapy, real estate appraisal or any allied divorce profession. (Circle all that apply).

I have read (initial here) _____ and satisfy the membership criteria listed on the ADFP website (<http://www.divorceandfinance.org>).

Whether or not a CERTIFIED FINANCIAL PLANNER™ practitioner, I have read and agree to abide by the CFP Board's Standards of Professional Conduct (<http://www.cfp.net/Downloads/2008Standards.pdf>) as updated for July 2008. Initial here _____ .

I agree (initial here) _____ to notify the ADFP Board within two (2) weeks of any situation or event that could negatively impact my membership standing.

Baccalaureate Degree _____ from _____

Graduate Degree _____ from _____

I am a Registered Investment Adviser (RIA) with the SEC _____ or State of _____

Please write yes or no to the following four questions:

I have a general knowledge of taxation and tax law. _____

I will devote a minimum of 15 hours every year to professional continuing education.

I wish to associate with the following Chapter:

_____ Long Island Chapter

_____ CT Chapter

_____ Northern NJ Chapter

_____ Boston MA Chapter

_____ New York Metro Chapter

_____ NEW local chapter proposed: _____

The ADFP is a totally volunteer organization. Please check off ways you would like to help:

- Annual Conference
- Publicity and Public Relations
- Membership Recruitment and Development
- Administration
- Newsletter
- Continuing Education Programs
- New Chapter Development
- Existing Chapter Support and Development
- Development of Standards of Professional Conduct
- Website Liaison and Development
- Development of Mentorship and Educational Programs for New Practitioners

Date _____ Signature of Applicant _____
