



General Enrollment *Please print or type*

For re-registrations, deferrals or cancellations, please visit www.fpacert.org/forms and download the appropriate form. **To apply online for the FPAC program, go to www.FPACert.org/apply.**

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

2. NAME: MR. MS. MRS. DR. _____
NOTE: Name exactly as it appears on your ID. LAST / FAMILY FIRST MI

3. TITLE: _____

4. EMPLOYER / ORGANIZATION: _____

5. HOME ADDRESS: _____

CITY: _____ STATE/PROV: _____ ZIP/POSTAL CODE: _____ COUNTRY: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE/PROV: _____ ZIP/POSTAL CODE: _____ COUNTRY: _____

6. MAILING ADDRESS PREFERENCE (HOME BUSINESS) WE SHIP UPS – NO P.O. BOXES, PLEASE.
NOTE: Your exam study materials and certificate will be mailed to this address.

7. PHONE: _____

E-MAIL: _____

8. REQUEST SPECIAL ACCOMMODATIONS

9. APPLICATION AND EXAMINATION FEES (IN USD)

Examination Windows

Select a testing window for each exam Part. Both Parts may be taken in the same testing window or different windows.

FPAC Examination Window	Exam Part I	Exam Part II	Early Postmark Deadline	Final Postmark Deadline
August 1, 2024-September 30, 2024 (2024B)	<input type="checkbox"/>	<input type="checkbox"/>	May 17, 2024	June 14, 2024
February 1, 2025-March 31, 2025 (2025A)	<input type="checkbox"/>	<input type="checkbox"/>	November 15, 2024	December 13, 2024
August 1, 2025-September 30, 2025 (2025B)	<input type="checkbox"/>	<input type="checkbox"/>	May 16, 2025	June 13, 2025

AFP member = \$1025 AFP member = \$1125
 Non-member = \$1420 Non-member = \$1520

Application & Exam Fees Total in USD (Enter selection from above): \$ _____

11. PREPARATION RESOURCES

AFP Financial Planning & Analysis Exam Prep Platform AFP Member Price \$1095

If you are interested in learning more about volume discounts, contact Jeff Schiz, Director, Corporate Sales:
 E-mail jschiz@afponline.org Call +1.301.961.8841

Total: \$ _____

NC & PA ONLY add applicable tax: \$ _____

12. METHOD OF PAYMENT: PAYMENT BY CHECK MUST BE MADE IN U.S. DOLLARS DRAWN ON A U.S. BANK

CHECK AMERICAN EXPRESS MASTERCARD VISA DISCOVER CARD

13. CARD NUMBER: _____ EXPIRATION DATE: _____

14. SIGNATURE: _____

(FOR CREDIT CARD PAYMENT)

To receive member pricing for the exam, you must be a member of AFP at the time of enrollment. Those who register at the non-member rate will receive full AFP® membership. Upon submitting your registration, you will become enrolled as an AFP member at no additional charge. All new memberships are 12-months in duration based upon the month in which you join. For example, individuals whose membership begins in April will have an expiration date of March 31 the following year. AFP membership dues are individual, non-transferable and non-refundable. Annual dues may be deductible as a business expense but are not deductible as a charitable contribution.

Do not apply the non-member differential to AFP membership.

Please note: For orders to be delivered outside of the United States, any customs, duties, tariffs and brokerage fees are NOT included in the shipping rate. The purchaser will be responsible for paying these charges upon delivery.

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CC/CK# _____

ID# _____

Amt \$ _____



General Enrollment

APPLICANT NAME: _____
LAST / FAMILY FIRST MI

Please indicate your...

15. Relationship to finance (Check one)

- Practitioner—I perform/manage finance functions.
- Associate—I sell to finance/treasury departments, or I perform consulting.
- Academic—I teach finance full-time.

16. Job level (Check one)

- Non-Financial Executive Level - CEO, CIO, COO, President, Chair, Chief
- Financial Executive Level - CFO, Financial Controller, Treasurer
- Senior Management - Assistant Treasurer, Assistant Controller
- Management Level - Director of Finance, Treasury, Risk, Other
- Staff Level - Analyst, Manager, Accountant, Cash Manager
- VP Level - VP of Treasury, Finance, Risk, Other

Mail the COMPLETED application (Form I and Form II) and appropriate fee (U.S. dollars drawn on a U.S. bank) to:

AFP
P.O. Box 64714
Baltimore, MD 21264

Note: Applications with credit card payment must be sent to AFP via fax at +1 301.907.2864. To avoid a duplicate credit card charge, the application should be either mailed OR faxed, not both.

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CC/CK# _____
ID# _____
Amt \$ _____