

Form I

2016–2017 FP&A™ Examination



FP&A®
 Certified Corporate
**Financial Planning &
 Analysis Professional**

General Enrollment *Please print or type*

For reexaminations, transfers, deferrals or cancellations, please visit www.fpacert.org/forms and download the appropriate form. **To apply online for the FP&A 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: _____ FAX: _____

E-MAIL: _____

8. REQUEST SPECIAL ACCOMMODATIONS

9. APPLICATION AND EXAMINATION FEES (IN USD) – **SELECT ONE WINDOW AND ONE DEADLINE**

FP&A Examination Window	Early Postmark Deadline	Final Postmark Deadline
<input type="checkbox"/> August 1, 2016 – September 30, 2016 (2016B)	May 20, 2016	June 17, 2016
	<input type="checkbox"/> AFP member = \$1025	<input type="checkbox"/> AFP member = \$1125
	<input type="checkbox"/> Non-member = \$1325	<input type="checkbox"/> Non-member = \$1425
<input type="checkbox"/> February 1, 2017 – March 31, 2017 (2017A)	November 18, 2016	December 16, 2016
	<input type="checkbox"/> AFP member = \$1025	<input type="checkbox"/> AFP member = \$1125
	<input type="checkbox"/> Non-member = \$1420	<input type="checkbox"/> Non-member = \$1520

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

11. PREPARATION RESOURCES

AFP Financial Planning & Analysis Learning System AFP Member Price \$995

If you are interested in learning more about volume discounts, contact Justin Barch, Director, Corporate Sales:
 E-mail jbarch@afponline.org Call +1-301-961-8833

Shipping and Handling (*For Learning System Purchases Only*): Outside the U.S. – \$95.00, Within the U.S. – \$25.00 _____

Sales tax: Please add applicable sales tax on orders shipped in the United States to: CA, MD, MN, TN, VA. _____

We reserve the right to adjust tax amount to reflect actual local/state tax rates. _____

Total: \$ _____

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 application. 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 \$ _____