

# 2022 Aspiring Professional Application

Return this application to:

## MEMBERSHIP

WIFS National Headquarters  
136 Everett Rd. Albany, NY 12205  
office@wifsnational.org  
Fax: 518.935.9232 | Phone: 866.264.9437

## RENEW ONLINE AT:

[WIFSnational.org/membership](http://WIFSnational.org/membership)

WIFS Membership is calendar year based. All members renew annually on January 1. Membership cannot be transferred and is non-refundable.



## Membership Information

NAME (FIRST, MI, LAST)

CURRENT EMPLOYER

POSITION/TITLE

PREFERRED EMAIL

WORK ADDRESS

CITY/STATE/ZIP

HOME ADDRESS

CITY/STATE/ZIP

WORK PHONE

CELL PHONE

**Aspiring Professional Membership**  \$130

**Chapter Members** Members may join one or more chapters, or join as Members at Large without a chapter affiliation. In addition to the chapters listed below, WIFS has several Aspiring Chapters, with more forming throughout the year. Visit [wifsnational.org](http://wifsnational.org) to find an Aspiring Chapter near you.

- |   |  |
|---|--|
| <input type="checkbox"/> Member-at-Large .....\$0                 | <input type="checkbox"/> <b>MN:</b> Twin Cities .....\$50                            |
| <input type="checkbox"/> <b>Aspiring:</b> .....\$25               | <input type="checkbox"/> <b>MO:</b> St. Louis .....\$50                              |
| <input type="checkbox"/> <b>AK:</b> Anchorage .....\$25           | <input type="checkbox"/> <b>NE:</b> Lincoln - Omaha .....\$50                        |
| <input type="checkbox"/> <b>AZ:</b> Phoenix .....\$40             | <input type="checkbox"/> <b>NYC &amp; NJ:</b> New York City/<br>New Jersey .....\$75 |
| <input type="checkbox"/> <b>CA:</b> Los Angeles .....\$50         | <input type="checkbox"/> <b>OH, IN &amp; KY:</b> Ohio River Valley .....\$25         |
| <input type="checkbox"/> <b>CA:</b> Northern California .....\$50 | <input type="checkbox"/> <b>OR:</b> Portland .....\$45                               |
| <input type="checkbox"/> <b>CO:</b> Denver .....\$50              | <input type="checkbox"/> <b>PA:</b> Central Pennsylvania .....\$40                   |
| <input type="checkbox"/> <b>FL:</b> Gold Coast .....\$50          | <input type="checkbox"/> <b>PA:</b> Philadelphia Tri-County ....\$50                 |
| <input type="checkbox"/> <b>FL:</b> South Florida .....\$40       | <input type="checkbox"/> <b>TX:</b> Dallas .....\$50                                 |
| <input type="checkbox"/> <b>GA:</b> Atlanta .....\$50             | <input type="checkbox"/> <b>TX:</b> Houston .....\$40                                |
| <input type="checkbox"/> <b>KS:</b> Kansas City .....\$50         | <input type="checkbox"/> <b>WA:</b> Washington State .....\$40                       |
| <input type="checkbox"/> <b>MI:</b> Michigan .....\$50            |  |

The WIFS membership year is Jan. 1–Dec. 31. Dues for new members are prorated based on the month you join. Please refer to the chart on the next page to determine the amount to remit with this application.

Please provide the following demographic information to assist WIFS with strategic planning. Information will remain strictly confidential and be anonymously aggregated in support of corporate partnership and industry promotion initiatives.

Birth Year: \_\_\_\_\_

- Income:  Under \$25K  \$250–500K  
 \$25–75K  \$500–1M  
 \$75–125K  \$1M+  
 \$125–250K

What year did you join the industry? \_\_\_\_\_

Have you obtained any of the following designations? *Check all that apply.*

- |                               |                                |                                       |
|-------------------------------|--------------------------------|---------------------------------------|
| <input type="checkbox"/> CASL | <input type="checkbox"/> CLTC  | <input type="checkbox"/> RHU          |
| <input type="checkbox"/> CDFA | <input type="checkbox"/> CLU   | <input type="checkbox"/> RICP         |
| <input type="checkbox"/> CFP  | <input type="checkbox"/> CSA   | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> ChFC | <input type="checkbox"/> FMLI  | _____                                 |
| <input type="checkbox"/> CLF  | <input type="checkbox"/> LUTCF | _____                                 |

Have you obtained any of the following insurance and securities licenses? *Check all that apply.*

- |                                    |                                    |                                    |
|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Series 11 | <input type="checkbox"/> Series 66 |
| <input type="checkbox"/> Series 6  | <input type="checkbox"/> Series 63 |                                    |
| <input type="checkbox"/> Series 7  | <input type="checkbox"/> Series 65 |                                    |

Primary Industry Affiliation:

- |   |   |
|---|---|
| <input type="checkbox"/> Accounting/Banking | <input type="checkbox"/> Insurance          |
| <input type="checkbox"/> Investments        | <input type="checkbox"/> Financial Planning |
| <input type="checkbox"/> Legal              | <input type="checkbox"/> Mortgage           |
| <input type="checkbox"/> Other              |   |

What best describes your position?

- |                                   |                                    |                                   |
|-----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Home      | <input type="checkbox"/> Manager  |
| <input type="checkbox"/> Business | <input type="checkbox"/> Office    | <input type="checkbox"/> Producer |
| <input type="checkbox"/> Owner    | <input type="checkbox"/> Industry  |                                   |
| <input type="checkbox"/> CPA      | <input type="checkbox"/> Executive |                                   |

Do you regularly speak on industry topics?

- Yes  No

Would you be interested in mentoring another member?

- Yes  No

Have you ever served or are you currently serving in the U.S. Military?

- Yes  No

# Payment Information

National Dues \$ \_\_\_\_\_  
Local Chapter Dues \$ \_\_\_\_\_  
Total Dues: (Nat'l & Chapter) \$ \_\_\_\_\_

I agree to opt in for membership auto-renewal and understand that my credit card will be charged the current WIFS dues rate each year on January 1.

Charge to:  Visa  Master Card  American Express  Discover  
 Send Check/Money Order (Payable to WIFS in US Dollars)

\_\_\_\_\_

CARD NUMBER

\_\_\_\_\_

EXPIRATION DATE SECURITY CODE

\_\_\_\_\_

NAME AS IT APPEARS ON CARD

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

BILLING ADDRESS

\_\_\_\_\_

CITY STATE ZIP

*Payments to WIFS are not deductible as charitable contributions for federal income tax purposes. They may be deductible under other provisions of the Internal Revenue Code. No portion of your dues payment is attributable to lobbying expenditures.*