



Application Checklist For Local-Only/Student Membership:

CFA Charterholders must apply online through CFA Insititute, not with this paper form

Name:	
Email:	
Phone:	
Membership Type:	<input type="checkbox"/> Local-Only <input type="checkbox"/> Student

Please use the check-boxes below to make sure you've included all the steps of your application packet

- ☐ Membership Application Form
- ☐ Professional Conduct Statement
- ☐ Copy of Resume
- ☐ Reference Forms *If you need help finding a reference, email cfasouthcarolina@gmail.com*
 - Local-Only applicants need 2 references, and 1 must be a CFA Society South Carolina member
 - Student applicants need only 1 reference, who can be a professor
- ☐ Registration Complete for Level 1 or Passing of the Level 1 Exam
- ☐ \$100 Dues (payable to CFA Society South Carolina)

Questions?
CFA Society South Carolina
Administrative Support
cfasouthcarolina@gmail.com



Local-Only/Student Membership Application

This application is for individuals who are only joining CFA Society South Carolina. Be sure to completely fill out and follow up with any attachments.

Type of membership:

☐ Student ☐ Local-Only ☐ Retired

Do you intend to pursue the CFA Charter?

☐ Yes ☐ No ☐ Undecided

Applicant Contact Information

Mr./Mrs./Ms. First Middle Last

Business Information

Employer

Job Title

Street Address

Floor/Suite

City/State/Zip

Phone/Fax

Email

Home Information

Street Address

Floor/Suite/Apt

City/State/Zip

Phone: Home/Mobile

Email

Preferred Email Address:

☐ Business

☐ Home

Preferred Mailing Address:

☐ Business

☐ Home

Preferred Telephone Number:

☐ Business

☐ Home

☐ Mobile



Local-Only/Student Membership Application

Personal Information

Are you a CFA Candidate? ☐ Yes ☐ No Have you passed Level I? ☐ Yes ☐ No

Candidate #: _____ Exam Level: _____

Professional Designations (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Certified Public Accountant (CPA) | <input type="checkbox"/> Chartered Investment Counselor (CIC) |
| <input type="checkbox"/> Chartered Accountant (CA) | <input type="checkbox"/> Certified Management Accountant (CMA) |
| <input type="checkbox"/> Certified Financial Planner (CFP) | <input type="checkbox"/> Other (please specify): _____ |

Education

_____ Name of College/University Attended Date	_____ Highest Degree Received	_____ Years Attended/ Graduation
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_____ Name of College/University Attended Attended	_____ Highest Degree Received	_____ Years
--	----------------------------------	----------------

_____ Name of College/University Attended Attended	_____ Highest Degree Received	_____ Years
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Work History

_____ Current Employer (if student, school)	Dates: From _____ To _____
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Current Job Description or Course of Study

_____ Previous Employer (if student, school)	Dates: From _____ To _____
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Previous Job Description or Course of Study

_____ Previous Employer #2 (if student, school)	Dates: From _____ To _____
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Previous Job Description or Course of Study

References

_____ Reference #1	_____ Employer	_____ Member Society Name
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_____ Reference #2	_____ Employer	_____ Member Society Name
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Professional Conduct Statement

Answer the following **five** questions by checking either yes or no at the end of each question. Note that any matter described in the following questions must be disclosed, even if the matter is still pending.

In the last five years, have you been:

- A. The subject of, a defendant in, or a respondent in any investigation, civil litigation, arbitration, or other action or proceeding in which your professional conduct, in either a director or supervisory capacity, was at issue?
☐ Yes ☐ No
- B. The subject of a written complaint regarding your professional conduct in either a director or supervisory capacity? ☐ Yes ☐ No
- C. Permanently or temporarily prevented from: (i) acting as a person required to be registered under any law or regulation (i.e., investment adviser, broker, dealer, etc.); (i) acting as an affiliated person or employee of any entity required to be registered under any law or regulation (i.e., investment company, bank, etc.); or (iii) trading on any securities or contract market? ☐ Yes ☐ No
- D. Found to have aided, abetted, counseled, commanded, induced, or procured the violation by any person or entity of any securities or commodities-related law or regulation or any rule promulgated hereunder?
☐ Yes ☐ No
- E. Convicted of (i) any felony or other crime punishable by more than one year in prison, or (ii) a misdemeanor involving moral turpitude (lying, cheating, stealing, or other dishonest conduct) or any substantially equivalent crime in any court of law? ☐ Yes ☐ No

If you answered yes to any of the above, please explain:

[Click here to enter text.](#)

Member's Agreement

I have read, understand, and agree to comply with the CFA Society South Carolina (CFA SC) Articles of Incorporation, Bylaws, CFA INSTITUTE Code of Ethics, Standards of Professional Conduct, Rules of Procedure from Proceedings Related to Professional Conduct, and other rules and regulations established by CFA INSTITUTE, as amended from time to time. I understand that I will be subject to suspension or revocation of FAP membership for violation of CFA INSTITUTE's Rules and Regulations.

I represent that my response to the Professional Conduct Statement and Member's Agreement, and all information provided by me herein is truthful and complete, and I agree to notify FAP of any material changes to my response to the forgoing statements.

Signature

Date



Reference Form

- Local-Only applicants need 2 references, and 1 must be a CFA Society South Carolina member
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Applicant Information

Mr./Mrs./Ms. First Middle Last

Employer

Job Title

Other Information (Check all that apply): ☐ Student ☐ Self-Employed

Reference's Information

Mr./Mrs./Ms. First Middle Last

Relationship to Applicant (Check all that apply): ☐ Supervisor ☐ Co-Worker ☐ Business Relationship ☐ Other _____

Are you a Regular Member of CFASC? ☐ Yes ☐ No

Are you a CFA® Charterholder? ☐ Yes ☐ No Charter #: _____

Employer

Job Title/Department

Street Address

Floor/Suite

City/State/Zip

Phone

Email

Reference's Findings

1. What is the applicant's primary full-time, professional occupation? (Please be specific)

2. Are you aware of any problems regarding the applicant's professional competence? ☐ Yes ☐ No

3. Are you aware of any problems regarding the applicant's character or professional, financial, or business conduct? ☐ Yes ☐ No

Signature

Date



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Signature

Date