



Student Membership Form

Financial Planning Association
San Diego State
Student Chapter

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Class Level: _____ Major: _____

Phone: () _____ Referred By: _____

Email: _____

Are You Interested in Getting Involved in The FPA? (Circle) **Yes** / **No**

(Optional) What are some things you would like to see the FPA offer?

Fees: \$40 Per Semester

Includes: \$30 National FPA Fees/ \$10 SDSU FPA Fees

**Refer a Friend Each Semester
to save \$10 on Fees!**

Membership Form and Fees Due: **October 1st, 2008**

Checks Made Payable to: **San Diego State FPA.**

**Drop off completed forms with a check in an envelope to the front desk of
Tenochca Residence Hall or send to mailing address.**

Office:

Tenochca Residence Hall
6126 Montezuma Rd
San Diego, CA 92115
(805)305-8121

Mailing:

P.O. Box 601891
San Diego, CA 92115

Email:

sdsufpa@rohan.sdsu.edu

Website:

<http://www.sdsufpa.com>
Facebook:
[http://www.facebook.com/
group.php?gid=14230279965](http://www.facebook.com/group.php?gid=14230279965)