



SOUTH JERSEY CHAPTER LOCAL ACCESS ONLY SEASON PASS APPLICATION

Local Access Season Pass is valid for the 7/1/2022- 6/30/2023 seasonal year.

SJ Chapter Local Access Season Pass Categories (please select one): Note: Chapter fees valid July 1, 2022 – June 30, 2023

- Advisor Level-- Local Access Only Season Pass—\$240/yr. (\$20/mo.)** – Eligible categories:
- Professional Insurance or Investment Advisors with any of the following designations/degrees: AEP®, CASL®, CEBS®, CFA®, CFP®, ChFC®, CIMA®, CLF®, CLU®, CPA, CPC, CPCU®, CTFA, CLTC®, Enrolled Actuary, Graduate Degree in Financial Services (MS, MSFS, MSM, MBA, PhD), JD, REBC®, RICP® and RHU®.
 - Any Financial Advisor holding a Life and Health Insurance License, Series 6, 7, 65, 66, 22 Investment Advisor License
 - Any person in a related financial field such as Mortgage Broker, Trust Officer, etc., Requires 3 years of experience and sponsorship by an existing member.
- Young Professional OR Student Local Access Only Season Pass-- \$120/yr. (\$10.00/mo.). (Age 40 or under)**
- With one of the above degrees **OR** actively enrolled in an credentialed course of study. Proof of enrollment required.
 - Any Financial Advisor holding a Life and Health Insurance License, Series 6, 7, 65, 66, 22 Investment Advisor License.
- I hereby apply for the **LOCAL ACCESS ONLY SEASON PASS** in the SOUTH JERSEY CHAPTER of the Society of FSP.
- I **AGREE** to NOT hold myself out as a member of the Society of Financial Service Professionals AND AGREE to be governed by the SFSP Code of Professional Responsibility (to review go to www.SocietyofFSP.org/AboutUs). I understand I have a self-reporting responsibility under this code.

Name/Nickname:	Payment Options:	
Birthdate:		
Designations/Degrees Held/Pursuing:	<input type="checkbox"/> Check: \$240/\$120 payable to the South Jersey Chapter Society of FSP (one-time full amount). <u>Mail Your Application and Check to SFSP-SJC</u> <u>ATTN: Chapter Executive, PO Box 459, Fishers, IN 46038</u>	
Investment or Insurance License(s) Currently Held:	<input type="checkbox"/> Credit Card \$240/\$120 invoiced through Square (one-time full amount). <u>Return Application via Email to Chapter Executive:</u> <u>sfsp-sjc@outlook.com</u>	
Firm/Agency/Practice Name:	<input type="checkbox"/> Recurring Credit Card Payments: \$20/\$10 monthly invoiced through Square. <u>Return Application via Email to Chapter Executive:</u> <u>sfsp-sjc@outlook.com.</u> <u>Monthly Payments</u> Insert date of monthly withdrawal (Options: Day 1-25):	
Mailing Address:		
City:	State:	Zip:
Email Address:		
Business Phone:	Cell Phone:	
Sponsoring Member's Name and Cell/Work Phone:		
Signature:	Date:	