



**APPLICATION FOR MEMBERSHIP**

Name: Last		First	Middle Initial	Date of Birth: (mm/dd/yy)
Street Address:			Home Phone:	
Mailing Address:			Cell Phone:	
City:	State:	Zip Code:	Email Address:	

The following is a partial list of the financial education topics provided by the association. Please indicate which of the following you are interested in: (check all that apply)

- |                                    |  |
|------------------------------------|--|
| Personal Budgeting / Spending Plan | Saving Money                               |
| Managing a Checking Account        | Managing Debt and Credit                   |
| Your Credit Score                  | First Time Home Buying                     |
| Identity Theft                     | Personal Financial Management for Students |
| Finances for Children              |  |

**Member dues are \$20.00 per year.**

**Make checks payable to:  
Louisiana Association for Personal Financial Achievement**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_