



Inactive Status Application

Please print clearly or type

1. AFP ID #: _____ AFP MEMBER? YES NO
2. CREDENTIALS HELD: CTP CCM CTPA CTP(CD) FP&A
3. NAME: MR. MS. MRS. DR. _____
LAST FIRST MIDDLE
4. TITLE: _____
5. COMPANY: _____
6. MAILING ADDRESS PREFERENCE (HOME BUSINESS)
 BUSINESS ADDRESS: _____
 CITY: _____ STATE/PROV: _____ ZIP/POSTAL CODE: _____ COUNTRY: _____
 HOME ADDRESS: _____
 CITY: _____ STATE/PROV: _____ ZIP/POSTAL CODE: _____ COUNTRY: _____
7. PHONE (OFFICE): _____ FAX: _____
8. E-MAIL: _____
9. I am a CTP/CTP(CD)/CCM/FP&A in good standing and wish to apply for Inactive Status for the following reason:
 Military Duty Death of a Family Member Serious Illness of a Family Member or Self
 Birth or Adoption of a Child Leave of Employment to Care for a Child or Other Dependent Other (please describe)

10. FEES (NON-REFUNDABLE):

Member Status	Inactive Status Application Fees (USD)
AFP Member	<input type="checkbox"/> \$85
Non-Member	<input type="checkbox"/> \$200

11. METHOD OF PAYMENT: CHECK AMERICAN EXPRESS MASTERCARD VISA DISCOVER CARD
 CARD NUMBER: _____ EXPIRATION DATE: _____

By signing and submitting this Inactive Status Application, I verify that the information contained is true, complete and accurate, and I accept the conditions set forth in the Inactive and Reactivation guidelines.

SIGNATURE: _____ DATE: _____

- Use this form to apply for inactive status.
- Fax signed form to 301.907.2864.
- If paying by check, mail to:
 Association for Financial Professionals
 P.O. Box 64714
 Baltimore, Maryland 21264 USA
 Attn: Certification Department

To avoid duplicate credit card charges do not mail a previously faxed form.

If you have any questions, please contact the AFP Certification Department by e-mailing recertification@AFPonline.org or by calling 301.907.2862.