



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 topics interest you. *(Check all that apply.)*

Personal Budgeting / Spending Plan

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

Membership dues are \$20 per household for the first year.

Make checks payable to:

Louisiana Association for Personal Financial Achievement

Signature: _____

Date: _____