

## **ADVISOR STAFF EMPLOYEE MEMBERSHIP APPLICATION**

**CONTACT INFORMATION** 

| PREFIX             | NAME   |                              |                         |             |               |  |
|--------------------|--|------------------------------|-------------------------|-------------|---------------|--|
| ADVISOR'S NAME     |  |                              | ADVISOR'S CRD #         |             |               |  |
| TITLE              |  | ROKER-DEALER/RIA AFFILIATION |                         |             |               |  |
| MAILING AI         | DDRESS   |                              |                         |             |               |  |
| CITY               |  |                              |                         | STATE       | ZIP           |  |
| PHONE NUMBER       |  | F                            | -AX                     |             |               |  |
| EMAIL              |  |                              |                         |             |               |  |
| INDIVIDU           | AL MEMBERSHIP DUES   |                              |                         |             |               |  |
| \$49 c             | ınnually   |                              |                         |             |               |  |
| PAYMENT            |  |                              |                         |             |               |  |
| By Fax:            | 202-664-5111   |                              |                         |             |               |  |
| =                  | Financial Services Institute<br>1201 Pennsylvania Ave. NW, S | uite 700, Washi              | ngton, D.C. 20004       |             |               |  |
| Check              | Enclosed: Make check payable                                 | to: Financial Se             | ervices Institute, Inc. |             |               |  |
|                    | O American Express   | O VISA                       | ○ MasterCard            | O Discov    | er            |  |
| CREDIT CARD NUMBER |  |                              | EXPI                    | RATION DATE | SECURITY CODE |  |
| NAME ON (          | CARD   |                              |                         |             |               |  |
| SIGNATURE          | :  |                              |                         |             |               |  |

In order to ensure you do not experience disruption with your membership benefits, and that any benefits you may be enrolled in continue without interruption, your coverage will be renewed automatically and billed to your credit/debit card annually. You may cancel any time by contacting us. We will email you approximately 30 days in advance as a reminder of the upcoming annual charge and inform you of any changes to the cost of your selected benefit. If you do not change or cancel the benefit, you will be billed for the cost as provided in the notice.

Advisor Staff Employee membership is open to W-2 employee support staff of licensed financial advisors working in retail financial advisory practices. This includes (but is not limited to) registered and non-registered sales assistants, operations, marketing, compliance, technology and administrative staff. While it is not required that the financial advisor employer be a member of FSI, all staff employee member records must be affiliated with an advisor record in our database. Advisor Staff Employee members must notify FSI if their employment at their current practice ends as soon as possible.