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.			FIRST	MIDDLE
4.	TITLE:			
5.	COMPANY:			
6.	MAILING ADDRESS PREFERENCE (HOME BUSINESS)			
	BUSINESS ADDRESS:			
	CITY:			
	HOME ADDRESS:			
	CITY:			
7.	PHONE (OFFICE):	FAX:		
8.	E-MAIL:			
9.	am a CTP/CTP(CD)/CCM/FP&A in good standing ad 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			Other (please describe)
10.	FEES (NON-REFUNDABLE):			
М	ember Status Inactive Status Applica	tion Fees (USD)		
A	FP Member 📮 \$85			
N	on-Member 📮 \$200			
11.	METHOD OF PAYMENT: CHECK CHARTICAN EXPRESS CHARTERCARD CHARTER CARD CHARTERCARD			
	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. Eax signed form to 301 907 2864 		To avoid duplicate credit card c faxed form.	harges do not mail a previously
	 Use this form to apply for inactive status. Fax signed form to 301.907.2864. If paying by check, mail to: 		<i>faxed form.</i> If you have any questions, plea	se contact the AFP Certification
	 Fax signed form to 301.907.2864. If paying by check, mail to: Association for Financial Professionals 		faxed form. If you have any questions, plea Department by e-mailing recer	se contact the AFP Certification
	 Fax signed form to 301.907.2864. If paying by check, mail to: 		<i>faxed form.</i> If you have any questions, plea	se contact the AFP Certification

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