

AFA/PFA/MFA

Associate Financial Advisor (AFA) | Professional Financial Advisor (PFA) | Master Financial Advisor (MFA)

Enrollment Year: _____ ☐ New Student ☐ Returning Student (ID): _____	Indicate Session ☐ Session 1 ☐ Session 2 ☐ Session 3	Session Dates: April June August
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(Please ensure all information is legible)

First Name: _____ Surname: _____ Middle Initial: _____

Name change (Deed Poll or Marriage) please indicate: _____

Date of Birth: _____ Mobile Phone: _____ Email: _____

Company: _____ Company Address: _____ Work Phone: _____

Branch Manager: _____ Branch Secretary: _____

Physician's Name: _____ Physician's Contact: _____

(Please indicate which designation you are interested in pursuing)

AFA (Associate Financial Advisor)	☐ 101	☐ 102	☐ 103
PFA (Professional Financial Advisor)	☐ 201	☐ 202	☐ 203
MFA (Master Financial Advisor)	☐ 301	☐ 302	☐ 303

Association Member	US \$1000.00					
Select Payment Method (Shade/Tick Square)	<table><tr><td>Personal Cheque ☐</td><td>Company Cheque ☐</td><td>Linx ☐</td><td>Cash ☐</td><td>\$</td></tr></table>	Personal Cheque ☐	Company Cheque ☐	Linx ☐	Cash ☐	\$
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APPLICANT'S STATEMENT: I understand that (1) successful completion of the course based on class participation, assignments and field projects, 80% attendance (NO EXCEPTION), a passing grade on a final examination acceptable to TTAIFA and (2) my enrollment and final status may be reported to my company. I further understand that any student whose behavior adversely affects reasonable order in class is subject to disenrollment, and may be barred from future participation in courses.

NO REFUNDS WILL BE ENTERTAINED AFTER DEADLINE DATE. SEE PAGE 24 IN THE TTAIFA STUDENT HANDBOOK.

I have read, understood and agreed to the terms stated above,

Applicant Signature

Date Signed