



Financial Management Association International — Application for Student Membership

Personal Information (Please Print)

Date: _____ College or University: _____

Name: _____ Does your school have a FMA chapter?* yes no

Address: _____ **Grade Level:** fresh. sop. jr. sr. grad.

City, State, Zip: _____

Phone: (____)____-____ **E-mail Address**:** _____

*Initial membership materials are mailed to chapter during the fall and spring semesters.

Membership Type

1. Is this a...(select one) New Membership Renewal Existing Member Upgrading to NHS

2. Choose one...	One Year	Two Years
Regular Student Membership	<input type="checkbox"/> \$65*	<input type="checkbox"/> \$90*
National Honor Society Membership (faculty advisor signature required in box below)	<input type="checkbox"/> \$70*	<input type="checkbox"/> \$100*
Existing Member Upgrading to NHS (faculty advisor signature required in box below)	<input type="checkbox"/> \$5	

*Membership includes a subscription to **Financial Management**. Student members may elect to waive their subscription to **Financial Management**. To exercise this option, check here and deduct \$10 from the one year or \$20 from the two year membership fee.

3. Choose Membership Delivery Method

Print Delivery OR Electronic Delivery

(Electronic Delivery: Publications (with the exception of *Careers in Finance*) will be delivered electronically via PDF files and/or email communications. Members residing outside the US who choose Electronic Delivery **do not** have to pay the additional postage fee.)

4. Total Amount Due \$ _____ (see if additional fees below apply)

MEMBERSHIPS OUTSIDE THE US: Add \$20.00 to new or renewal membership to cover postage & handling.

FLORIDA RESIDENTS: If you wish to receive the subscription to **Financial Management**, please add \$0.70 State Sales Tax to your membership.

Payment Options

- Check Enclosed (made payable to **FMA**, must be in US dollars drawn on a US bank)
- Cash

National Honor Society (NHS) Requirements (Chapters may set higher requirements)

Undergraduate (Junior or senior class standing)

- 3.25 Overall GPA OR 3.25 GPA in finance & related coursework
- Completion of a minimum of six (6) hours of finance

Graduate

- 3.50 Overall GPA OR 3.50 GPA in finance & related coursework
- Completion of one-half required coursework

In signing below, I certify that this individual meets all requirements for admission to the FMA National Honor Society

Faculty Advisor

NHS members receive a certificate, lapel pin, and recognition on FMA's website (updated quarterly).



Financial Management Association, CSULB
Supplemental Application
2009—2010

First Name: _____ Last Name: _____ Date: _____

Contact Information

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Mobile Phone: () _____

Email Address: _____

Personal Information

Gender: Male Female

Birthday: Month: _____ Day: -- -- Year: -- -- --

Hometown: _____

Academic Information

Major: _____ Additional Major: _____

Minor: _____ Additional Minor: _____

Class Level: Freshman Sophomore

Junior Senior

Expected Graduation: Fall Semester Spring Semester Year: -- -- --

Are you involved in any other campus organizations? If so, please list:
1. _____
2. _____
3. _____

What would you like to get out of your experience with FMA? _____

Would you like to become more involved with our organization? If so, which area:

Marketing Fundraising Chapter Relations Other: _____

Miscellaneous Information

Hobbies: _____

Favorite Book: _____ Movie: _____ TV Show: _____

Dream Job: _____

Activity Idea Survey for Members

In order for our FMA chapter to meet the expectations you have from a professional student organization, we ask that you please take a moment to complete this questionnaire.

Your name: _____

1. Why did you join?

- | | |
|---|---|
| <input type="checkbox"/> Leadership Opportunities
<input type="checkbox"/> Networking
<input type="checkbox"/> Professional Growth
<input type="checkbox"/> Employment Opportunities
<input type="checkbox"/> Socialize | <input type="checkbox"/> Further Learning
<input type="checkbox"/> Help in entering the job world
<input type="checkbox"/> Fun
<input type="checkbox"/> Other _____
_____ |
|---|---|

2. Please indicate the activities you would like the chapter to do and/or the areas of service you would like to be involved in.

Activity	Would like to do	Would like to help with
Attend the FMA Leaders' or Annual Conference	<input type="checkbox"/>	<input type="checkbox"/>
Speaker Programs	<input type="checkbox"/>	<input type="checkbox"/>
Banquets/Receptions	<input type="checkbox"/>	<input type="checkbox"/>
Field Trips	<input type="checkbox"/>	<input type="checkbox"/>
Investment Competitions	<input type="checkbox"/>	<input type="checkbox"/>
Newsletter Publication	<input type="checkbox"/>	<input type="checkbox"/>
Create/Maintain a Website	<input type="checkbox"/>	<input type="checkbox"/>
Seminars/Workshops	<input type="checkbox"/>	<input type="checkbox"/>
Sports Tournaments	<input type="checkbox"/>	<input type="checkbox"/>
Community Service Activities	<input type="checkbox"/>	<input type="checkbox"/>
Social Gatherings	<input type="checkbox"/>	<input type="checkbox"/>
Resume Book Publication	<input type="checkbox"/>	<input type="checkbox"/>
Business/Career Fair	<input type="checkbox"/>	<input type="checkbox"/>
Tutoring	<input type="checkbox"/>	<input type="checkbox"/>
Fund Raising	<input type="checkbox"/>	<input type="checkbox"/>
Panel Discussions	<input type="checkbox"/>	<input type="checkbox"/>

Other Activity Suggestions: _____

3. Additional Comments: _____
