



**FINANCIAL  
SERVICES  
INSTITUTE**

VOICE OF INDEPENDENT  
FINANCIAL SERVICES  
FIRMS AND INDEPENDENT  
FINANCIAL ADVISORS

## **ADVISOR STAFF EMPLOYEE MEMBERSHIP APPLICATION**

**YES! I want to join FSI**

### **CONTACT INFORMATION**

Name

Advisor's Name

Advisor's CRD #

Title

Broker-Dealer Affiliation

Mailing Address

City

State

Zip

Phone Number

Fax

Email

### **INDIVIDUAL MEMBERSHIP DUES**

\$49 annually

### **PAYMENT**

By Fax: 202-664-5111

By Mail: Financial Services Institute  
1201 Pennsylvania Ave. NW, Suite 700  
Washington, D.C. 20004

AmEx

VISA

MasterCard

Check Enclosed

Credit Card Number

Expiration Date

Security Code

Name on Card

Signature:

**Make check payable to:** Financial Services Institute, Inc.