

SAN FRANCISCO TREASURY MANAGEMENT ASSOCIATION



Membership Application Form

Tax Identification No. 93-1180090

Application Date: _____

Membership Type: **Practitioner \$350 (Jan-Dec)** **Associate \$450 (Jan-Dec)**
Prorated Membership Effective: Prorated Membership Effective:
 2nd Qtr \$300 (April – December) 2nd Qtr \$400 (April – December)
 3rd Qtr \$250 (July – December) 3rd Qtr \$350 (July – December)

Completed application with payment should be mailed to:
SFTMA, P.O. Box 2702, San Francisco, CA 94126

Member Name: _____

Title: _____

Functional Area: _____

Company Name: _____

Mailing Address: Business Home

Telephone: _____

Fax: _____

Email Address: _____

Certification: CTP CCM None

AFP Member: No Yes

Other Certification: _____

Indicate Industry: Consulting Energy Engineering Financial Government
 Healthcare Insurance Manufacturer Real Estate Technology
 Other _____

Please indicate your areas of interest (for speakers): _____

LIABILITY DISCLAIMER: Upon submission of payment, I hereby hold harmless the officers, promoters, lessees and lessors of the San Francisco Treasury Management Association (SFTMA) for any loss or injury to myself or others or my property or the property of others which may occur during and/or due to my voluntary participation in any membership sponsored event.

For SFTMA use only:

Date Rec'd: _____ Date Approved: _____