

IFSP

The Institute of Financial Services Practitioners

Membership Application Form

Application for *Student Membership**

Details of Applicant

Surname:

Name: Mr/Mrs/Ms/Dr

Address:

.....

..... Post Code:

I.D. Card No.: E-Mail:

Tel. Home: Tel. Office:

Mobile: Fax:

Qualifications

<i>Date Qualified</i>	<i>University/Professional Body</i>	<i>Designatory Letters</i>

*Full-Time Students are being offered a reduced rate of €30.

P.O. Box 37, Valletta, VLT1000
Tel.: 2569 6356; Fax: 21449212
E-mail: info@ifsp.org.mt
www.ifsp.org.mt

IFSP

The Institute of Financial Services Practitioners

To the Institute of Financial Services Practitioners,

I hereby apply for admission to membership of the Institute and enclose herewith the sum of €30 covering the annual subscription to 31 December.

I declare that the information included in this application is accurate.

I hereby undertake that so long as I remain a member of the Institute, I will observe and abide by the provisions of the Statute, Code of Ethics, Byelaws and Regulations of the Institute, which are in force from time to time.

Date: **Signature:**