



Membership Renewal

Must be completed, signed and returned.

***Member Name:** _____ RFC
(Please Print)

***Name of company:** _____

E-mail: _____ Website URL: _____

Business Address: Complete only if changes

Firm: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Residential Address: Complete only if changes

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ New professional designations: _____

***Professional Education and Conduct Certification:**

CE: I certify that I have completed the 40 units of professional continuing education, as are required of each designation, during the preceding calendar year (unless disabled or retired). I understand that evidence of this attendance may be requested by the IARFC at any time within two successive calendar years.

All Designations: I certify that I have not had any professional license, certificate, registration or permit revoked or suspended or been the subject of any order, judgment, decree or sanction of a court, exchange or regulatory agency.

If you cannot attest to the above, please submit documentation and explanation.

***Payment Information:**

Check Enclosed Visa MasterCard _____

Amount \$ _____ Card Number: _____ Exp: _____

IARFC Membership Referral:

Please help increase our membership by suggesting another professional for membership consideration:

Name: _____

Street Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Phone: _____ E-mail: _____

***Signature Required:** _____ **Date:** _____

***Required Information for your Renewal**

IARFC Educational Services Pvt Ltd

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