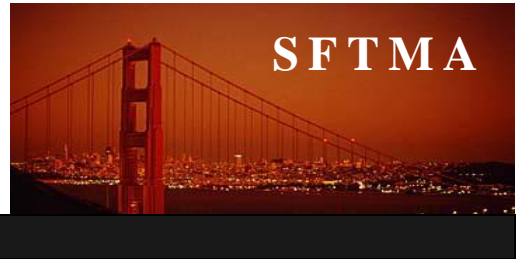


# SAN FRANCISCO TREASURY MANAGEMENT ASSOCIATION



## Membership Application Form

Tax Identification No. 93-1180090

Application Date: \_\_\_\_\_

Membership Type:

Practitioner \$350

Associate \$400

Prorated Membership Effective:

2<sup>nd</sup> Qtr \$300

3<sup>rd</sup> Qtr \$250

4<sup>th</sup> Qtr \$200

Prorated Membership Effective:

2<sup>nd</sup> Qtr \$350

3<sup>rd</sup> Qtr \$300

4<sup>th</sup> Qtr \$200

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: \_\_\_\_\_