

FPA CT CHAPTERS

Wednesday, December 2, 2020

REGISTRATION FORM

ADVANCE REGISTRATION REQUIRED BY MONDAY, NOVEMBER 30, 2020

Name (including designations) _____

Company _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

FPA Members: Please provide chapter affiliation: _____

CFP Certificant #: _____ and/or SSN# (last 4 digits only): _____

CT Insurance License #: _____

REGISTRATION FEES:

☐ FPA Member: \$25.

☐ Non-Member: \$50

TO PAY REGISTRATION FEE BY CHECK:

Please complete and mail this form with your check payable to "FPA CT-Fairfield County" to:

FPA CT-Fairfield County Chapter
c/o Lori L. Somerville
175 South End Road, #A2
East Haven, CT 06512-4555

TO PAY REGISTRATION FEE BY CREDIT CARD:

1. Please complete, print, scan and email this form to fpafairfield@gmail.com (or mail to above address).

[Click here](#) to pay by credit card online (note, we cannot take credit card payments by phone).

Registration form and fee must be received by 11/30/20.

Any questions, contact Lori Somerville, FPA CT-Fairfield County Chapter Executive,
at 877-777-0600 or fpafairfield@gmail.com.