



CFA SOCIETY WASHINGTON, DC

Mentorship Pilot Program Interest Form

Date: _____

Name: _____

Title: _____

Company: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Certification(s): _____

How many years have you been a CFAW member? _____ year(s)

Are you a CFA Institute Member? ☐ Yes ☐ No If yes, how long? _____ year(s)



1. Please describe your professional aspirations.
2. What do you hope to get out of this mentorship pilot program?
3. Who would be your ideal mentor? Please describe area of interest, experience, role or organization preferred.
4. Please share any other information which you believe may help to match you with a mentor, or that you would like your mentor to know about you in advance.

**SUBMIT THIS FORM & ANY QUESTIONS VIA EMAIL TO
Juan Camilo Echeverri at juancamilo@berkeley.edu.**

