



134 N. LaSalle Street - Suite 1740  
 Chicago, IL 60602  
 Tel: 312.251.1301; Fax: 312.251.1303

<b>Billing Date</b>

## CANDIDATE-MEMBERSHIP RENEWAL INVOICE

Ref. No.	Description	Amount
<b>6070.03-GA</b>	<b>2011-2012 CANDIDATE-MEMBERSHIP RENEWAL</b>	<b>\$175</b>
<b>Amount Due:</b>		<b>\$175</b>

CHECK: Enclosed Made Payable to **CFA Society of Chicago**  
 CREDIT CARD:     VISA     MASTERCARD     AMEX     DINERS CLUB

Name on Credit Card: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Billing Address for Card: \_\_\_\_\_

\_\_\_\_\_

I affirm that I am a full-time undergraduate or a full- or part-time graduate student and, thus, eligible to renew my student-membership.

Signature: *(Required)* \_\_\_\_\_

Questions? Contact [info@cfachicago.org](mailto:info@cfachicago.org)

Please return invoice with your payment