

## **Financial Fitness Association Membership Application**

First Name*	Middle Name	Last Name*
Mailing Address*		
City*	State*	Zip*
Email Address* Required	for membership confirmation and Ann	nual Meeting notice.
X Member Signature* <i>The</i>	application will not be processed until .	signed. Date*
*Required Field		

To activate your membership, mail this membership application and an \$8.00 check to:

Financial Fitness Association 2443 Fillmore St #380-4302 San Francisco, CA 94115

Make the check payable to "Financial Fitness Association". Please do not mail cash.

Once your membership has been processed, you will receive an email confirmation.

Financial Fitness Association is a non-profit that helps members increase their financial well-being by advancing their financial literacy and managing financial resources effectively.

For more information or if you have any questions, visit financial fitness association.org.