



ALL-STAR FINANCIAL GROUP, LLC
MEMBERSHIP APPLICATION

Name: _____ SSN# _____

Firm Affiliation: _____

Address: _____

City, State, Zip code: _____

Telephone Number: _____

E-Mail Address: _____

Web Site Address: _____

Professional licenses and designations currently held: (including State licenses)
(Provide credential/license number where applicable)

CPA

JD

PFS

CFP

ChFc

CFA

RIA

Other

(Please Indicate)

Member Sponsor: _____

How do you know the sponsor? _____

In what ways do you expect to benefit from ASFG?

What do you expect that you will be able to offer the membership of ASFG by joining the group?

Professional organizations affiliated with or member of:

Professional positions held:

Professional activities:

Professional specialties or unique niche areas of practice:

How do you or your firm get compensated for PFP services: (Check all that apply)

Fee-only

% AUM

Commission

Hourly

Combination

Other (Please describe) : _____

Have you even been involved in a lawsuit filed against you by clients? _____

If so, explain: _____

Have you ever been disciplined by any regulatory agency? _____

If so, explain: _____

Please enclose the following documents:

A copy of your most recent Form ADV, if applicable

Check, payable to All-Star Financial Group, LLC in the amount of \$500.

By signing below, I acknowledge that the All-Star Financial Group provides an environment where members can share ideas, ask questions, and talk about other sensitive issues knowing that the conversations at our meeting are confidential and not shared outside the group members.

Signature

Date