

# cafp

## Commonwealth Association of Financial Professionals

### Membership Assistance / Education Reimbursement Application

Membership Assistance

Education Reimbursement

Amount: \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Company (if applicable):** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Years of Treasury Experience:** \_\_\_\_\_

**Provide comments or details  
(attach receipts and copy of  
invoice for education  
reimbursements):**

**CAFP Board Approval:** \_\_\_\_\_

**Date:** \_\_\_\_\_