



PROFILE FOR THE ChFEBCSM DIRECTORY

Please provide information you want listed on the ChFEBCSM Directory. Please print legibly.

Name: _____

Organization: _____ Broker Dealer: _____

Business

Address: _____

Phone: _____ Fax: _____

Cell: _____ Email: _____

States Currently Licensed: _____

You can be listed under more than one state, provided you have an active office in that state, or a location where you can service clients. Please list the address for any additional office locations that apply. _____

Primary State Insurance License # _____

Check box if you do not wish to have CRD# on website

CRD# _____ If a CFP, Registration ID# _____

Primary Insurance
Companies: _____

Services you
provide: _____

Primary Investment
Companies: _____

Other information you would want us to add:

Your Website URL: _____

PLEASE WRITE LEGIBLY

Date Received: _____

Date listed on Directory: _____