

CAFP

Commonwealth Association for 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: _____