



AMEDF Certified College Advisor Information Request Form:

Please complete and submit this request via fax or email to receive the complete package of information on becoming an **AMEDF Certified College Advisor** emailed to you. There is no cost or obligation.

**Submit online:** [www.amedfalliance.org](http://www.amedfalliance.org)

**Submit via fax:** AMEDF Alliance, (716) 626-3421

**Submit via Email:** Scan and email to [info@amedf.org](mailto:info@amedf.org)

**\* Required Information**

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

Company Name: \_\_\_\_\_

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

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

\*Email: \_\_\_\_\_

\*Are you a licensed financial advisor?  Yes  No

If yes, how many years? \_\_\_\_\_

If yes, please list any and all of your licensing (*FINRA, Insurance, RIA*):

\_\_\_\_\_

Any Designation(s)? \_\_\_\_\_

Please check the program you are interested in (check all that apply):

- Self-Study Program
- Live Workshop/Boot camp