



ACPM LEADERSHIP PROGRAM APPLICATION FORM

Company/Firm/Organization Name:

Check this box if you do not want your company name published on our website with other Leadership Supporters.

Primary Designate Individual (Platinum & Gold)

Name:

Title:

Address:

City:

Province:

Postal code:

Tel:

Email:

Username:

Password:

Preferred language for ACPM communications

English

French

Contact information in the Member Directory?

Yes

No

Second Designate Individual (Platinum & Gold)

Name:

Title:

Address:

City:

Province:

Postal code:

Tel:

Email:

Username:

Password:

Preferred language for ACPM communications

English

French

Contact information in the Member Directory?

Yes

No

Third Designate Individual (Platinum only)

Name:

Title:

Address:

City:

Province:

Postal code:

Tel:

Email:

Username:

Password:

Preferred language for ACPM communications

English

French

Contact information in the Member Directory?

Yes

No



Fourth Designate Individual (Platinum only)

Name:

Title:

Address:

City:

Province:

Postal code:

Tel:

Email:

Username:

Password:

Preferred language for ACPM communications

English

French

Contact information in the Member Directory?

Yes

No

COLLECTION OF DATA (Plan Sponsors and Administrators only)

We ask that you provide the following information to assist us in updating our database. This information will be kept strictly confidential and used only in the compilation of total numbers.

	Plan 1	Plan 2	Plan 3
Plan Name(s):			
Type of Plan(s) (e.g. DB, DC, etc.):			
Number of Active Plan Members:			
Number of Retired Plan Members:			
Number of Inactive Plan Members:			
Total Pension Assets:			

FEE (Annual)

Platinum Level - \$10,000

Gold Level - \$5,000

\$

+ provincial sale tax

[Tax rate is based on location of the head office. AB, BC, MB, SK, YK, NWT, NT = 5%; ON = 13%;

\$

QC = 14.98% (with QST); NS, NL, NB, PEI = 15%; U.S. & Overseas = no tax]

Tax exemption number:

TOTAL (CAD)

\$

METHOD OF PAYMENT

- CHEQUE**, payable and mail to **ACPM, 304-1255 Bay Street, Toronto, Ontario M5R 2A9**
- CREDIT CARD**, mail information to address above or fax to **416-964-0567** or email to: **membership@acpm.com**

Visa MasterCard AMEX

Account #:

Expiry Date:

Name on the Card: