



## ACPM INDIVIDUAL MEMBERSHIP APPLICATION FORM

### YOUR CONTACT INFORMATION

Name:

Position:

Company:

Address:

City:

Province:

Postal code:

Tel:

Fax:

Email:

Company's website:

Company's official French name:

### YOUR PREFERENCES

Preferred language for ACPM communications

English

French

Contact information in the Member Directory?

Yes

No

ACPM's privacy policy can be found on our website, [www.acpm-acarr.com](http://www.acpm-acarr.com).

### COLLECTION OF DATA (Plan Sponsors and Administrators)

We ask that you provide us with the following information to assist us in updating our national database. You have our assurance that 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:			



# ACPM | ACARR

The Association of Canadian Pension Management  
L'Association canadienne des administrateurs de régimes de retraite

**INDUSTRY SECTION** Please identify your industry sector, check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Plan Sponsor, Administrator and Trustee | <input type="checkbox"/> Actuarial Firm                                      |
| <input type="checkbox"/> Plan Administrator (Service Provider)   | <input type="checkbox"/> Accounting Firm                                     |
| <input type="checkbox"/> Custodian/Trust Company/ Record keeper  | <input type="checkbox"/> Government/Regulatory Body                          |
| <input type="checkbox"/> Law Firm                                | <input type="checkbox"/> HR Management Firm                                  |
| <input type="checkbox"/> Consulting or Brokerage Firm            | <input type="checkbox"/> Member of a Retiree Association/Labour Organization |
| <input type="checkbox"/> Investment Firm                         | <input type="checkbox"/> Other (please Specify) _____                        |

**ACCOUNT INFORMATION** (Please choose a username of 8 to 20 characters. Letters and numbers only, no space allowed.)

Username: \_\_\_\_\_

Password: \_\_\_\_\_

## YOUR MEMBERSHIP FEE (Annual Fee)

### General Membership Fees

<b>'Active'</b>	Individual engaged and/or interested in the retirement income industry	\$595
<b>'Non-active'</b>	Persons who no longer are fully employed in the retirement income and/or employee benefits industry who wish to retain their affiliation with the Association. For more, please go to: <a href="http://www.acpm.com/membershipBenefits.aspx">http://www.acpm.com/membershipBenefits.aspx</a>	\$75
<b>'Student'</b>	Student wishing to be affiliated with ACPM. For more information please contact <a href="mailto:membership@acpm.com">membership@acpm.com</a>	

### Plan Sponsor Membership Fees (Plan Sponsor, Administrator, Trustees)

<b>'Individual'</b>	Individual representing and/or administering their own pension plan. (Note: Does not include service provider administrators who should apply under the General Individual Membership category above).	\$495
<b>'Group'</b>	For discounted Plan Sponsor Group Membership, please contact National Office to discuss options at <a href="mailto:membership@acpm.com">membership@acpm.com</a>	

Plus provincial sale tax  
 [Tax rate is based on residency of applicant. AB, BC, MB, SK, YK, NWT, NT – 5%; ON – 13%; QC – 14.98% (with QST); NS NL, NB, PEI -15% and US & Oversea - no tax]

Tax exemption number

**TOTAL (CAD)** \$

## METHOD OF PAYMENT

- CHEQUE**, payable and mail to **ACPM, 1255 Bay Street, Suite 304, Toronto, Ontario M5R 2A9**
- CREDIT CARD**, mail 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: \_\_\_\_\_

(GST/HST #R10519425, QST#121040474)

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