

# PLAN SPONSOR GROUP MEMBERSHIP APPLICATION FORM

Organization:			
Contact Person			
Name:			
Position:			
Company:			
Address:			
City:	Province:	Postal code:	
Tel:	Fax:		
Email:			
ANNUAL FEES Rates: 1 to 2 individuals = \$495.00/year p 3 to 8 individuals = \$445.00/year p 9+ individuals = \$395.00/year per i	er individual		
Number of members R	ate in category/ year per indiv	vidual	<u>Subtotal</u>
X			\$
Please fill in the members'	information starting on p	age 2	
	y of applicant. AB, BC, MB, SK, YK NS – 15%, PE– 14%, and US & Overs		\$
Tax exemption number			
TOTAL (CAD)			
<b>PAYMENT OPTIONS</b> <b>1) Cheque</b> - payable and sent to	) ACPM, 1255 Bay Street, Suit	re 304. Toronto, Ontario	o M5R 2A9
2) Credit Card - Mail to address ab	ove OR email to <u>membership@</u>	acpm.com OR fax to 4	16-964-0567
O Visa O	MasterCard O AME	(	
Card Number:		Exp. Da	te:
Card Holder Name:			
	contact membership@acpm.c		



## **DATA COLLECTION**

We request the following information to assist us in updating our national database. This information will be kept strictly confidential and used only for internal purposes.

	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:			

### **MEMBERS' INFORMATION**

Member #1\_If this person is the same as the contact person, please check O

If this person is an existing ACPM Member, please fill in his/her membership # :	_ and no need to
fill in the rest of this section other than the member's name.	

New Member's Name:			
Position:			
Company:			
Address:			
City:	Province:	Postal code:	
Tel:	Fax:		
Email:			
Preferred language for ACPM communicationsEnglishFrenchContact information in the Member Directory?YesNo			
Account Information (Please choose a	a username of 8 to 20 charac	ters. Letters and numbers	s only, no space allowed.

Username:

Password:



#### MEMBERS' INFORMATION (CONT'D)

#### Member #2

If this person is an existing ACPM Member, please fill in his/her membership # :\_\_\_\_\_ and no need to fill in the rest of this section other than the member's name.

New Member's Name:

Position:			
Company:			
Address:			
City:	Province:	Postal code	e:
Tel:	Fax:		
Email:			
	ACPM communications	English	French
Contact information in	the Member Directory?	Yes	L No
Account Information (P	lease choose a username of 8 to 20 c	haracters. Letters and numbe	ers only, no space allowed.
Username:		Password:	

#### Member #3

If this person is an existing ACPM Member, please fill in his/her membership # :\_\_\_\_\_ and no need to fill in the rest of this section other than the member's name.

New Member's Name:			
Position:			
Company:			
Address:			
City:	Province:	Postal code	e:
Tel:	Fax:		
Email:			
Preferred language for A Contact information in t		<pre>English Yes</pre>	French No
Account Information (Ple	ease choose a username of 8 to 20 ch	naracters. Letters and numbe	rs only, no space allowed.

Username:

Password:



## Member # 4

If this person is an existing ACPM Member, please fill in his/her membership # :\_\_\_\_\_ and no need to fill in the rest of this section other than the member's name.

New Member's Name:			
Position:			
Company:			
Address:			
City:	Province:	Postal code:	
Tel:	Fax:		
Email:			
	ACPM communications the Member Directory?	English Yes	French No
Account Information (F	Please choose a username of 8 to 20 ch	aracters. Letters and numbers on	ly, no space allowed.
Username:		Password:	
-	ting ACPM Member, please fill i ection other than the member's		and no need to
Position:			
Company:			
Address:			
City:	Province:	Postal code:	
Tel:	Fax:		
Email:			
Contact information in	ACPM communications the Member Directory? Please choose a username of 8 to 20 ch	English Yes Paracters. Letters and numbers on	<ul> <li>French</li> <li>No</li> <li>Iy, no space allowed.</li> </ul>
Username:		Password:	



### Member # 6

If this person is an existing ACPM Member, please fill in his/her membership # :\_\_\_\_\_ and no need to fill in the rest of this section other than the member's name.

New Member's Name:

Position:			
Company:			
Address:			
City:	Province:	Postal code	2:
Tel:	Fax:		
Email:			
Preferred language for ACI Contact information in the		English Yes	<pre>French No</pre>
Account Information (Please	e choose a username of 8 to 20 o	characters. Letters and numbe	rs only, no space allowed.
Username:		Password:	
Member #7			
If this person is an existing fill in the rest of this sectio	•	•	# : and no need
New Member's Name:			
Position:			
Company:			
Address:			
City:	Province:	Postal code	2:
Tel:	Fax:		
Email:			
Preferred language for ACI Contact information in the		English	French No

Contact information in the Member Directory?

Account Information (Please choose a username of 8 to 20 characters. Letters and numbers only, no space allowed.



## Member #\_8

If this person is an existing ACPM Member, please fill in his/her membership # :\_\_\_\_\_ and no need to fill in the rest of this section other than the member's name.

New Member's Name:

Position:			
Company:			
Address:			
City:	Province:	Postal code:	
Tel:	Fax:		
Email:			
Preferred language for ACPM communications Contact information in the Member Directory?		English Yes	French No
Account Information (Please choose a u	username of 8 to 20 charac	ters. Letters and numbers o	nly, no space allowed.
Username:		Password:	
Member # 9			

If this person is an existing ACPM Member, please fill in his/her membership # :\_\_\_\_\_ and no need to fill in the rest of this section other than the member's name.

New Member's Name:			
Position:			
Company:			
Address:			
City:	Province:	Postal code:	:
Tel:	Fax:		
Email:			
Preferred language for ACPN Contact information in the M Account Information (Please cl	ember Directory?	English Yes Characters. Letters and numbers	French No s only, no space allowed.
Username:		Password:	



## <u>Member #\_10\_</u>

If this person is an existing ACPM Member, please fill in his/her membership # :\_\_\_\_\_ and no need to fill in the rest of this section other than the member's name.

New Member's Name:

Position:			
Company:			
Address:			
City:	Province:	Postal code	e:
Tel:	Fax:		
Email:			
Preferred language for ACP Contact information in the		<pre>English Yes</pre>	<pre>French No</pre>
Account Information (Please	choose a username of 8 to 20 ch	naracters. Letters and numbe	ers only, no space allowed.
Username:		Password:	
Member # 11			
If this person is an existing fill in the rest of this section	· •	•	# : and no need t
New Member's Name:			
Position:			
Company:			
Address:			
City:	Province:	Postal code	e:
Tel:	Fax:		
Email:			

Preferred language for ACPM communications Contact information in the Member Directory?	English	<pre>French No</pre>
Account Information (Please choose a username of 8 to 20 charac	ters. Letters and numbers o	only, no space allowed.
Username:	Password:	



## <u>Member # 12</u>

If this person is an existing ACPM Member, please fill in his/her membership # :\_\_\_\_\_ and no need to fill in the rest of this section other than the member's name.

New Member's Name:

Position:				
Company:				
Address:				
City:	Province:	Postal code	e:	
Tel:	Fax:			
Email:				
Preferred language for ACPM communications Contact information in the Member Directory?		English	<pre>French No</pre>	
Account Information (Please	e choose a username of 8 to 20 o	characters. Letters and numbe	rs only, no space allowed.	
Username:	rname:		Password:	
Member #13				

If this person is an existing ACPM Member, please fill in his/her membership # :\_\_\_\_\_ and no need to fill in the rest of this section other than the member's name.

New Member's Name:			
Position:			
Company:			
Address:			
City:	Province:	Postal code	2:
Tel:	Fax:		
Email:			
Preferred language for ACPN Contact information in the N Account Information (Please o	Nember Directory?	English Yes characters. Letters and number	French No rs only, no space allowed.
Username:		Password:	



#### <u>Member # 14</u>

If this person is an existing ACPM Member, please fill in his/her membership # :	and no need to
fill in the rest of this section other than the member's name.	

New Member's Name:

Position:			
Company:			
Address:			
City:	Province:	Postal code	::
Tel:	Fax:		
Email:			
	r ACPM communications the Member Directory?	English Yes	<pre>French No</pre>
Account Information (	Please choose a username of 8 to 20 ch	naracters. Letters and number	rs only, no space allowed.
Username: Password:			
<u>Member #15</u>			
	ting ACPM Member, please fill action other than the member's		: and no need to
New Member's Name:			
Position:			
Company:			
Address:			
City:	Province:	Postal code	::
Tel:	Fax:		
Email:			
Preferred language for Contact information in	ACPM communications	English	French
Account Information (			No No
Account information (i	Please choose a username of 8 to 20 ch		
Username:	,		

For additional member contact information page, please click <u>here</u>.