



**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 per individual

3 to 8 individuals = \$445.00/year per individual

9+ individuals = \$395.00/year per individual

<u>Number of members</u>	<u>Rate in category/ year per individual</u>	<u>Subtotal</u>
X		\$

Please fill in the members' information starting on page 2

Plus provincial sale tax [Tax rate is based on residency of applicant. AB, BC, MB, SK, YK, NWT, NT – 5%; ON, NL, NB – 13%; QC – 14.98% (with QST); NS – 15%, PE– 14%, and US & Oversea - no tax]	\$
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Tax exemption number

**TOTAL (CAD)**

**PAYMENT OPTIONS**

**1) Cheque** - payable and sent to ACPM, 1255 Bay Street, Suite 304, Toronto, Ontario M5R 2A9

**2) Credit Card** - Mail to address above OR email to [membership@acpm.com](mailto:membership@acpm.com) OR fax to 416-964-0567

Visa       MasterCard       AMEX

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

**For assistance, please contact [membership@acpm.com](mailto:membership@acpm.com) or 416-964-1260 Ext.224**



**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

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 username of 8 to 20 characters. Letters and numbers 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:

Tel:

Fax:

Email:

Preferred language for ACPM communications  
Contact information in the Member Directory?

English  
 Yes

French  
 No

Account Information (Please choose a username of 8 to 20 characters. Letters and numbers 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:

Tel:

Fax:

Email:

Preferred language for ACPM communications  
Contact information in the Member Directory?

English  
 Yes

French  
 No

Account Information (Please choose a username of 8 to 20 characters. Letters and numbers 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: \_\_\_\_\_

Preferred language for ACPM communications  
Contact information in the Member Directory?

English  
 Yes

French  
 No

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

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

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

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Member #5

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 username of 8 to 20 characters. Letters and numbers only, no space allowed.)

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

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

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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:

Tel:

Fax:

Email:

Preferred language for ACPM communications  
Contact information in the Member Directory?

English  
 Yes

French  
 No

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

Username:

Password:

Member #7

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 username of 8 to 20 characters. Letters and numbers only, no space allowed.)

Username:

Password:



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 username of 8 to 20 characters. Letters and numbers only, 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 ACPM communications  
Contact information in the Member Directory?

English  
 Yes

French  
 No

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

Username:

Password:



Member # 10

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 username of 8 to 20 characters. Letters and numbers only, no space allowed.)

Username:

Password:

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Member # 11

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 username of 8 to 20 characters. Letters and numbers only, no space allowed.)

Username:

Password:

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Member # 12

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 username of 8 to 20 characters. Letters and numbers only, no space allowed.)

Username:

Password:

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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:

Tel:

Fax:

Email:

Preferred language for ACPM communications  
Contact information in the Member Directory?

English  
 Yes

French  
 No

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

Username:

Password:

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Member # 14

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 username of 8 to 20 characters. Letters and numbers only, no space allowed.)

Username:

Password:

Member #15

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 username of 8 to 20 characters. Letters and numbers only, no space allowed.)

Username:

Password:

For additional member contact information page, please click [here](#).