



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 - \$11,000**☐ **Gold Level - \$5,500**

\$

+ 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 = 14%; NL, NB, PEI = 15%; U.S. & Overseas = no tax]

☐ Tax exemption number:**TOTAL (CAD)**

\$

METHOD OF PAYMENT**1. CHEQUE**, payable and mail to **ACPM, 304-1255 Bay Street, Toronto, Ontario M5R 2A9****2. 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:

(GST/HST #R10519425, QST#121040474)

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