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## **ACPM LEADERSHIP PROGRAM APPLICATION FORM**

**Company/Firm/Organization Name:**

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

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### **Primary Designate Individual (Platinum & Gold)**

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Name:

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Title:

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Address:

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City:

Province:

Postal code:

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Tel:

Email:

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Username:

Password:

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Preferred language for ACPM communications

English

French

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Contact information in the Member Directory?

Yes

No

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### **Second Designate Individual (Platinum & Gold)**

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Name:

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Title:

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Address:

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City:

Province:

Postal code:

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Tel:

Email:

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Username:

Password:

---

Preferred language for ACPM communications

English

French

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Contact information in the Member Directory?

Yes

No

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### **Third Designate Individual (Platinum only)**

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Name:

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Title:

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Address:

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City:

Province:

Postal code:

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Tel:

Email:

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Username:

Password:

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Preferred language for ACPM communications

English

French

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Contact information in the Member Directory?

Yes

No

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**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, 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:

(GST/HST #R10519425, QST#121040474)