**ACPM | ACARR**
The Association of Canadian Pension Management
L'Association canadienne des administrateurs de régimes de retraite

## 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 = $525.00/year per individual
3 to 8 individuals = $475.00/year per
individual 9+ individuals = $425.00/year per
individual

| Number of members | Rate in category/ year per individual | Subtotal |
|---|---|---|
| | X | $ |
| Please fill in the members' information starting on page 2 | | |
| Plus provincial sale tax<br>[Tax rate is based on residency of applicant. AB, BC, MB, SK, YK, NWT, NT – 5%;<br>ON – 13%; QC – 14.98% (with QST);  NS – 14%, PE, NL, NB– 15%, and US & Oversea -  no tax] | | $ |
| ☐ 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 OR fax to 416-964-0567

     ❍ Visa       ❍ MasterCard       ❍ AMEX

Card Number: _____  Exp. Date: _____

Card Holder Name: _____

**For assistance, please contact 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  ☐ English  ☐ French
Contact information in the Member Directory?  ☐ Yes  ☐ 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 ☐ English ☐ French
Contact information in the Member Directory? ☐ Yes ☐ 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 ☐ English ☐ French
Contact information in the Member Directory? ☐ Yes ☐ 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          ☐ English          ☐ French
Contact information in the Member Directory?          ☐ Yes              ☐ 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          ☐ English          ☐ French
Contact information in the Member Directory?          ☐ Yes              ☐ No

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

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:

Tel:                                     Fax:

Email:

Preferred language for ACPM communications        ☐ English        ☐ French
Contact information in the Member Directory?       ☐ Yes            ☐ 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 #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        ☐ English        ☐ French
Contact information in the Member Directory?       ☐ Yes            ☐ 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        ☐ English        ☐ French
Contact information in the Member Directory?        ☐ Yes            ☐ 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 # 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        ☐ English        ☐ French
Contact information in the Member Directory?        ☐ Yes            ☐ 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      ☐ English      ☐ French
Contact information in the Member Directory?      ☐ Yes      ☐ No

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

Username: _____      Password: _____

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      ☐ English      ☐ French
Contact information in the Member Directory?      ☐ Yes      ☐ No

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

Username: _____      Password: _____

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        ☐ English        ☐ French
Contact information in the Member Directory?        ☐ Yes            ☐ 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        ☐ English        ☐ French
Contact information in the Member Directory?        ☐ Yes            ☐ No

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

Username:                                    Password:

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     ☐ English     ☐ French
Contact information in the Member Directory?     ☐ Yes     ☐ 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     ☐ English     ☐ French
Contact information in the Member Directory?     ☐ Yes     ☐ No

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

Username:                                    Password: