



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

<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]

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
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: _____

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: _____



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:

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:



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:

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:



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](#).