

## MEMBERSHIP APPLICATION

### 1 GENERAL INFORMATION (Please type or print)

This application is for membership in the Association for Financial Professionals of Canada and The Society of Canadian Treasurers. Membership is open to treasurers and select individuals with senior treasury or finance responsibilities of companies (with revenues in excess of CAD \$100 million) in Canada. Membership dues are individual, non-refundable and non-transferable. All memberships expire December 31 of the year they begin. New members joining after March 31 will receive credit toward their following year's dues.

Mr.  Ms.  Mrs.  Dr.

Member's Full Name: \_\_\_\_\_  
First Middle Initial  
 \_\_\_\_\_  
Last Suffix

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Home  Business

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

Province/State: \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mr.  Ms.  Mrs.

Assistant's Full Name: \_\_\_\_\_  
First Middle Initial  
 \_\_\_\_\_  
Last Suffix

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### PROTECTION OF PERSONAL INFORMATION

Personal information collected in this Membership Application is used by the Association for Financial Professionals of Canada ("AFP Canada") to process your application and for the purposes of fulfilling AFP Canada's mandate of representing and promoting the interests of treasury and financial professionals in Canada and for the provision of education, training and professional development services and products, and other products and services and information by AFP Canada or other organizations selected to do so by AFP Canada. We may disclose this information to our employees, volunteers, service providers and authorized representatives who need it for functions relevant for these purposes, and as required or permitted by law. This will be done in a manner consistent with the AFP Canada Privacy Policy, which is available for review at [www.AFPonline.ca/privacy](http://www.AFPonline.ca/privacy).

AFP Canada offers its products and services to you in affiliation with the Association for Financial Professionals, Inc. (AFP USA) of Bethesda, Maryland. Most of AFP Canada's administrative functions are performed on its behalf by AFP USA, and accordingly, your personal information will be transferred to AFP USA for these purposes. This information is also shared with AFP USA to allow them to offer to you their products and services as well as those of selected third parties.

By submitting this Membership Application, you consent to the collection, use and limited disclosure of your personal information for the purposes and in the manner described.

You may withdraw at any time your consent to the disclosure by AFP Canada of your personal information to any organization other than AFP USA seeking to provide services, products or information to AFP Canada members, or to the disclosure of your personal information by the publication of that information in the print or online version of our Membership Directory, by e-mailing us at [AFPC@AFPonline.ca](mailto:AFPC@AFPonline.ca).

### 2 METHOD OF PAYMENT

**Annual Membership Dues: CAD \$729.75 (\$695 + 5% GST)**  
 GST# 86327 4908 RT0001

Cheques should be made payable to the Association for Financial Professionals of Canada.

Cheque Enclosed

American Express  MasterCard  Visa

Discover Card  Diners Club

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### 3 THREE EASY WAYS TO APPLY

1. Mail application along with payment to:

AFP of Canada, P.O. Box 7427, Postal Station A, Toronto, Ontario M5W 3C1

2. Fax to AFP of Canada: 416.595.5032 *(credit card payments only)*

3. Apply online at [www.AFPonline.ca/join](http://www.AFPonline.ca/join)

### 4 TELL US ABOUT YOURSELF

1. Your organization's industry: *(Check one)*

AC <input type="checkbox"/> Academic	IN <input type="checkbox"/> Insurance
BF <input type="checkbox"/> Banking	MN <input type="checkbox"/> Manufacturing
BS <input type="checkbox"/> Business Svcs./Consulting	NP <input type="checkbox"/> Non-profit
CM <input type="checkbox"/> Comm./Media	PE <input type="checkbox"/> Petroleum
CX <input type="checkbox"/> Const./Const. Supply	RE <input type="checkbox"/> Real Estate
EN <input type="checkbox"/> Energy/Non-petroleum	RT <input type="checkbox"/> Retail
FS <input type="checkbox"/> Financial Services	SW <input type="checkbox"/> Software
GV <input type="checkbox"/> Government	TC <input type="checkbox"/> Technology
HS <input type="checkbox"/> Health Services	TR <input type="checkbox"/> Transportation
HT <input type="checkbox"/> Hospitality/Travel	UT <input type="checkbox"/> Utility
OT <input type="checkbox"/> Other (Specify)	WD <input type="checkbox"/> Wholesale/Dist.

2. Your organization's classification: *(Check one)*

PUB <input type="checkbox"/> Publicly traded	COL <input type="checkbox"/> College/University
PRI <input type="checkbox"/> Privately/Closely held	NON <input type="checkbox"/> Non-profit entity
GOV <input type="checkbox"/> Government entity	

3. How does your organization measure performance? *(Check one)*

(1)  Sales (2)  Assets

4. Your organization's annual sales/assets: *(Check one)*

(1) <input type="checkbox"/> \$250-499.9 million	(4) <input type="checkbox"/> \$5-9.9 Billion
(2) <input type="checkbox"/> \$500-999.9 million	(5) <input type="checkbox"/> \$10-20 Billion
(3) <input type="checkbox"/> \$1-4.9 Billion	(6) <input type="checkbox"/> Over \$20 Billion

5. Please indicate the professional credentials you have earned:

*(excluding college degrees)*

CTP or CCM  CFA  
 CPA  CA  Other-Specify \_\_\_\_\_

6. Year you entered the financial profession: \_\_\_\_\_

### SAA9 FOR OFFICE USE ONLY

ID#: \_\_\_\_\_ CC/CK#: \_\_\_\_\_  
 LB Date: \_\_\_\_\_ Amt. :\$ \_\_\_\_\_  
 Perm: \_\_\_\_\_