

## MEMBERSHIP APPLICATION

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

Membership dues are individual, non-refundable and non-transferable. Effective January 1, 2010 all new memberships are 12-months in duration based upon the month in which you join. For example, individuals whose AFP of Canada membership begins in April will have an expiration date of March 31 the following year.

\*Note: Membership prior to December 31, 2009 will retain its annual expiration date of December 31.

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 \$695 + GST/HST (where applicable)**

GST# 86327 4908 RT0001

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

Amount Enclosed \_\_\_\_\_

American Express  MasterCard  Visa

Discover Card  Diners Club

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

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

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

### 3 TWO 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: 301.907.2864 *(credit card payments only)*

### 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) <input type="checkbox"/> Sales | (2) <input type="checkbox"/> 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)*

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> CTP or CCM | <input type="checkbox"/> CFA   |
| <input type="checkbox"/> CPA        | <input type="checkbox"/> CA <input type="checkbox"/> Other-Specify _____ |

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

### SC10 FOR OFFICE USE ONLY

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