



Change of Membership Category Application Form

Identifying Information

Advocis ID no.

Mr. Ms. Miss Mrs.

First Name

Initial

Last Name

Mailing Address *Send correspondence to this address:* Business Home

Preferred Mailing Address:

Membership Categories *Visit www.advocis.ca for details or call 1.877.773.6765.*

	Monthly Fee
Practicing Advisor	\$73.25
1 year in practice	\$0.00
2-4 years in practice	\$22.92
Member's Assistant	\$14.67
Manager	\$73.25
Associate	\$58.58
Student	\$ 0.00
Legacy	\$11.92

All fees are non-refundable. Please visit www.advocis.ca for further details about Advocis membership and www.iafe.ca for further details about The Institute Designation Fees, or call 1.877.773.6765.

Fees do not include \$3/month PAP fee or applicable taxes.

Fees qualify, under Section 18(1)(a) of the *Income Tax Act*, as a business expense in the year of payment.

Membership Category Requirements and Affirmations

Please select and sign one of the six affirmations below. All applicants must adhere to the membership conditions applicable to their category. For a complete list of membership requirements and conditions for all categories, please visit the membership section of our website at www.advocis.ca.

Practicing Advisor Member

- I hold myself out to the public as someone who provides financial planning, financial advice, and/or product sales to consumers
- I agree to adhere to the Advocis Code of Professional Conduct
- I agree to carry professional liability E&O insurance in accordance with regulatory requirements, as applicable to the nature of my practice.
- I understand Advocis' professional development requirements and agree to maintain the annual minimum levels of structured and unstructured learning.

• My start date of actively providing financial advice is MM / DD / YYYY

Signature _____

Date MM / DD / YYYY



Manager Member

- I am primarily responsible for providing leadership to those who meet the Practicing Advisor member category requirements or am in a distribution leadership role within the financial services industry.
- My role includes some or all of the following concepts:
 - Coaching & leadership
 - Business development (including marketing, practice management, compliance and technology)
 - Training and education
 - Recruitment, selection and retention
- I agree to carry professional liability E&O insurance in accordance with regulatory requirements, as applicable to the nature of my practice.
- I agree to adhere to the Advocis Code of Professional Conduct
- I understand Advocis' professional development requirements and agree to maintain the annual minimum levels of structured and unstructured learning.

Signature _____

Date MM / DD / YYYY

Member's Assistant

- I do not hold myself out to the public as someone who provides financial planning, financial advice, and/or product sales to consumers
- I am under the direct supervision of someone who is a Practicing Advisor Member or Manager Member of Advocis in good standing for whom I am employed to provide direct assistance with matters relating to his/her practice. The Advocis ID number of the Practicing Advisor Member/Manager Member is _____.
- I agree to notify Advocis once I am no longer under the supervision or employment of a Practicing Advisor or Manager member of Advocis.
- I agree to carry sufficient E&O coverage in accordance with the nature and extent of my position
- I agree to adhere to the Advocis Code of Professional Conduct

Signature _____

Date MM / DD / YYYY

Student Member

- I do not hold myself out to the public as someone who provides financial planning, financial advice, and/or product sales to consumers
- I am not currently licensed and am ineligible for any other membership with Advocis.
- I agree to adhere to the Advocis Code of Professional Conduct
 - I am currently enrolled in the Advocis/Foran LLQP program and entering the financial services industry for the first time
 - I am currently enrolled in a full-time financial services program of study at a recognized post-secondary institution (proof of course registration is required)

Signature _____

Date MM / DD / YYYY

Associate Member

- I do not hold myself out to the public as someone who provides financial planning, financial advice, and/or product sales to consumers
- I agree to adhere to the Advocis Code of Professional Conduct
- I currently do not meet all the requirements of any other membership category

Signature _____

Date MM / DD / YYYY

Membership Category Requirements and Affirmations (con't)

Legacy Member

- I am retired and work no more than 30 hours per month.
- I have been a member of Advocis/CAIFA/CAFP/LUAC for no less than 35 continuous years.
- I agree to observe and follow the principles of the Advocis Code of Professional Conduct of Advocis
- I am not actively pursuing new business and any business that I do is with my existing client base.

Signature _____

Date MM / DD / YYYY

Membership Agreement

I hereby apply for membership in Advocis and have read and understand the following membership conditions:

Advocis members must

- abide by the Advocis Code of Professional Conduct ** (www.advocis.ca/forAdvisors/codeConduct.html);
- maintain an annual minimum of 30 hours of professional development based on a minimum of 15 hours of structured learning and a maximum of 15 hours of unstructured learning; and
- carry professional liability E & O insurance in accordance with regulatory requirements, as applicable to the nature of my practice.

I hereby agree to these conditions of membership and to uphold the bylaws. I understand that Advocis membership is nonrefundable and non-transferable and that my application constitutes a binding contract valid until December 31. I hereby attest that I have not, within the last 12 months, been declared bankrupt, been convicted/found liable in a criminal/civil proceeding involving the misappropriation of funds, fraud or misrepresentation, made an offer to settle or settled in a civil dispute, or been the subject of an investigation or disciplinary hearing conducted by an organization or self-regulatory body. I agree to notify Advocis within 30 days should any of the aforementioned occur.

Signature _____

Date MM / DD / YYYY

Payment Information *Please note that membership fees are non-refundable.*

MONTHLY PRE-AUTHORIZED PAYMENT PLAN METHODS:

See www.advocis.ca under Membership – Membership Fees for monthly fee options.

- Please debit my bank account monthly.

Payment day options: 7th of the month 14th of the month 21st of the month 28th of the month

OR

CARD NO.

EXPIRY DATE

Signature _____

MONTHLY PAYMENT OPTION DISCLAIMER: By signing above, I acknowledge that I have read and agree with the terms of The Financial Advisors Association of Canada's (TFAAC) pre-authorized payment agreement and I authorize TFAAC, on behalf of Advocis and/or The Institute for Advanced Financial Education (The Institute) and/or GAMA International Canada, to debit my bank account or credit card monthly for the amount of 1/12th of the full annual renewal fees plus the monthly administration fee (currently \$3) plus applicable GST/HST. I understand that this amount may change and that TFAAC will attempt to provide reasonable notice, and I waive my right to such notice. All fees are non-refundable. A monthly payment that is returned as NSF will result in a \$25 NSF charge. In the case of joint account holders, I agree that notice to one account holder constitutes notice to the other account holder.

Privacy

Your privacy is important to us. Advocis collects, uses or discloses your personal information for the purposes identified in the Advocis Privacy Policy. Unless you instruct us otherwise, your personal information including email address and your telephone or fax number may be used for marketing, including telemarketing, 1) Advocis and TFAAC entity products and services and 2) third-party products and services that may be of interest to you. If you do not wish to receive any communications related to the marketing of Advocis and third-party products and services, please complete the web page in the members' website indicating your opting out choices. To view the Advocis Privacy Policy, visit www.advocis.ca.

Electronic Communications Consent

- I consent to receive commercial electronic messages from Advocis, The Financial Advisors Association of Canada, together with its subsidiaries and affiliates, including but not limited to The Institute, GAMA International Canada, Advocis Protective Association, and Advocis Brokers Services. I understand that I can opt-out or update my email preferences at any time by contacting Advocis at the address or email provided on this form.

For information on Advocis' administrative policies please visit www.advocis.ca.

Send Completed Form To:

Fax To: 416.444.8031

OR

Mail To: Advocis - Member Services
209 - 390 Queens Quay West
Toronto, ON M5V 3A2

OR

Email To: info@advocis.ca