



Century Initiative Membership Application

For more information
please visit: www.advocis.ca
email: info@advocis.ca
or call: 416.444.5251 / 1.800.563.5822

Century Initiative

CONTACT INFORMATION

Mr. Ms. Miss Mrs.

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
First Name Middle Name or Initial Last Name Advocis ID no. (if applicable)

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Company Name

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Street Address Business Home

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
City Province Postal Code

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Business Telephone Business Home Mobile Fax

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Email Address

INDICATE YOUR MEMBERSHIP TYPE

Gold Member (\$5,000 within 5 years) Platinum Member (\$12,500 within 5 years)

SELECT YOUR MEMBERSHIP FEE PAYMENT

- One payment/year, for 5 years, commencing now (Gold - \$1,000/year; Platinum - \$2,500/year)
- One payment by cheque now (payable to Advocis Century Initiative)
- Monthly payments to commence on the first day of each month following receipt of application (Gold - \$83.33; Platinum - \$208.33)

All payment subject to GST/HST. GST Registration No. R107625378

PAYMENT OPTIONS

OPTION A – ANNUAL PAYMENT IN FULL:

TOTAL MEMBERSHIP FEE REMITTED IN FULL: \$ _____
(Including GST/HST)

ANNUAL PAYMENT METHODS (select one):

PAY BY CHEQUE:

Enclosed cheque payable to Advocis Century Initiative for one year's total fee:

- Certified/Company Cheque Money Order

PAY BY CREDIT CARD:

Please charge my credit card for the annual fee:

- VISA MasterCard AMEX

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
CARD No.

_____|_____|_____|_____|
EXPIRY DATE

Signature _____

OPTION B – PRE-AUTHORIZED PAYMENT PLAN:

TOTAL MONTHLY MEMBERSHIP FEE PAYMENT: \$ _____
(Including GST/HST)

MONTHLY PRE-AUTHORIZED PAYMENT PLAN METHODS (select one):

PAY BY AUTOMATIC BANK DEBITS: (please attach a void cheque)

BANK No. _____ TRANSIT No. _____

ACCOUNT No. _____

PAY BY CREDIT CARD:

Please charge my credit card for monthly fee:

- VISA MasterCard AMEX

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
CARD No.

_____|_____|_____|_____|
EXPIRY DATE

Signature _____

SEND COMPLETED FORM TO:

Advocis
390 Queens Quay West, Suite 209 OR Fax completed form to:
Toronto, ON (416) 444-8031
M5V 3A2

Additional Information

How did you hear about Century Initiative?

- Advocis Representative Advocis Website Another Advisor/Referral Blog Chapter
- Conference Direct Mail Email Ad From Advocis Email From Advocis Magazine
- Newspaper Telephone Ad Search Engine Other _____

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The Century Initiative membership fees qualify as business expense in the year of payment under section 18(1)(a) of the Income Tax Act
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