

Identifying Information

Advocis ID no.

Mr. Ms. Miss Mrs.

_____|_____|_____
 First Name Initial Last Name

Title on business card _____

Designations:

CFP® CLU® CH.F.C.™ CHS® CFA CA CMA CGA

FLMI TEP AVA CEBS GBA Others: _____

Referred by: Full Name / Advocis ID / Chapter: _____

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

Company Name _____

Street Address _____

City _____ Province _____ Postal Code _____

Telephone _____ Fax _____ Cell _____

Email Address _____

Home Address

Street Address _____

City _____ Province _____ Postal Code _____

Telephone _____ Fax _____ Cell _____

Email Address _____

Profile

BIRTH DATE: MM / DD / YYYY

Please indicate the provinces or territories in which you hold licences for the following:

	Earliest Licence Date MM/DD/YYYY	AB	BC	MB	NB	NL	NS	NT	NU	ON	PE	PQ	SK	YT
Life Insurance														
Accident and Sickness														
Mutual Funds														
Securities														
Property and Casualty														

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 as a full-time student in a program related to the Financial Services industry at a recognized post-secondary institution or I am entering the financial services industry for the first time and do not hold any other licenses

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

Additional Information

How did you hear about Advocis?

- | | | | | |
|---|--|---|---|-----------------------------------|
| <input type="checkbox"/> Advocis Representative | <input type="checkbox"/> Advocis Website | <input type="checkbox"/> Another Advisor/Referral | <input type="checkbox"/> Blog | <input type="checkbox"/> Chapter |
| <input type="checkbox"/> Conference | <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Email Ad From Advocis | <input type="checkbox"/> Email From Advocis | <input type="checkbox"/> Magazine |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Telephone Ad | <input type="checkbox"/> Search Engine | <input type="checkbox"/> Other _____ | |

Privacy Statement

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 Broker 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
390 Queens Quay West, Suite 209
Toronto, ON M5V 3A2
Tel: 416.444.4449 / 1.877.773.6765
info@advocis.ca



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