

# Membership Application

## Identifying Information

Dr.     The Honourable     Mr.     Mrs.     Ms.     Mx.

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Organization Name (name of employer or educational institution) \_\_\_\_\_

Job Title \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Website \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Languages Spoken

English     French     Cantonese     Mandarin     Spanish     Punjabi     Tagalog     Arabic     Italian

German     Other (please specify) \_\_\_\_\_

### Do you refer to yourself as a Financial Advisor, Financial Planner or Other? Please check all that apply.

Financial Advisor     Financial Planner     Other (Please enter your preferred title) \_\_\_\_\_

## Membership Category Requirements

Please select one of the membership categories below and sign the section. 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](http://www.advocis.ca).

### PROFESSIONAL MEMBER

**Practicing Advisor** members are those that are licensed, and are already holding one (or more) of the **approved designation(s)** who are actively providing financial advice to consumers.

- I have at least one Advocis **approved designation** and have maintained my designation with the conferring body.
- I agree to adhere to the Advocis **Code of Professional Conduct & Disciplinary Procedures**.
- I agree to carry sufficient E&O coverage in accordance with the nature and extent of my practice.
- I agree to meet the Advocis **annual professional development requirement**.



The 2024 annual membership fee for Practicing Advisor members is \$1,060.00 plus taxes.

My start date of actively providing financial advice is \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Manager members** are leaders in the financial services industry in Canada and who are directly or indirectly responsible for recruiting/retaining, coaching, training, education, business development, or managing financial advisors and/or planners. Manager members may be directly servicing clients or may be providing financial advice as permitted by their license(s) (client-facing).

- I agree to adhere to the Advocis **Code of Professional Conduct & Disciplinary Procedures**.
- I agree to carry sufficient E&O coverage in accordance with the nature and extent of my practice.
- I agree to meet the Advocis **annual professional development requirement**.
- I have at least one Advocis **approved designation** and have maintained my designation with the conferring body.

The 2024 annual membership fee for Manager members is \$1,060.00 plus taxes.

My start date of actively providing financial advice is \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Provisional members** are those who are licensed and are currently, or, are in the process of starting an approved designation program and **do not hold any other approved designations**. Advocis recognizes the following designations as being approved: CLU<sup>®</sup>, CHS<sup>™</sup>, PFA<sup>™</sup>, CH.F.C<sup>®</sup>, CFP<sup>®</sup>, CFA<sup>®</sup>, CIM<sup>®</sup>, FEA, PFP<sup>®</sup>, TEP, PI.fin, QAFP<sup>™</sup>, and CEBS. Maintaining one of the previously mentioned designations would prohibit you from joining Advocis as a Designation Candidate.

What designation are you working towards (other than Institute designations)?

CFP<sup>®</sup>    CFA<sup>®</sup>    CIM<sup>®</sup>    FEA    PFP<sup>®</sup>    TEP    PI.fin    QAFP<sup>™</sup>

If enrolled in an Advocis designation program please specify:    CEBS    CLU<sup>®</sup>    CHS<sup>™</sup>    PFA<sup>™</sup>

- I understand that I must earn the designation **within five years**
- I agree to provide proof of registration into an approved designation program, other than through Advocis, (as indicated above) within 30 days of receiving Advocis Membership. I will email document to info@advocis.ca, Subject Line: Proof of Program Registration.
- I agree to adhere to the Advocis **Code of Professional Conduct & Disciplinary Procedures**.
- I agree to carry sufficient E&O coverage in accordance with the nature and extent of my practice.
- I agree to meet the Advocis **annual professional development requirement**

The 2024 annual membership fee for Designation Candidate members is \$530.00 plus taxes.

My start date of actively providing financial advice is \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## ASSOCIATE MEMBER

**Associate** members are individuals in the financial service industry in Canada who are not licensed nor designated and are not compensated for serving clients directly.

- I do not provide financial advice nor serve clients.
- I agree to carry sufficient E&O coverage in accordance with the nature and extent of my practice.
- I agree to adhere to the Advocis **Code of Professional Conduct & Disciplinary Procedures**.
- I agree to meet the Advocis **annual professional development requirement**.



The 2024 annual membership fee for Associate members is \$530.00 plus taxes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Associate Manager** members are leaders in the financial services industry in Canada who are directly or indirectly responsible for recruiting/retaining, coaching, training, education, business development, or managing financial advisors and/or planners. Associate Manager members are not licensed **and** are not compensated for serving clients directly (not client-facing).

- I do not provide financial advice nor serve clients directly.
- I agree to adhere to the Advocis **Code of Professional Conduct & Disciplinary Procedures**.
- I agree to carry sufficient E&O coverage in accordance with the nature and extent of my practice.
- I agree to meet the Advocis **annual professional development requirement**.

The 2024 annual membership fee for Associate Manager members is \$530.00 plus taxes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## STUDENT MEMBER

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**Student Member** must meet **ALL** criteria below:

**NOTE: APPLICATIONS IN THIS CATEGORY WITH INCOMPLETE DOCUMENTS WILL NOT BE PROCESSED.**

- I am entering the financial services industry for the first time and I am registering in a financial service licensing program (these may be: LLQP (other than Advocis program), MFDA, IIROC). Proof of program registration is required.
- I have never offered financial advice.
- I am registered in a financial services licensing program or in a full-time financial services program of study at a recognized educational institution.
- I am not insurance, nor mutual funds nor securities-licensed.
- I agree to adhere to the Advocis **Code of Professional Conduct & Disciplinary Procedures**.
- I understand that I can only stay in this category for a maximum of three years and for as long as all the above criteria are still true.



The 2024 annual membership fee for Student members is \$265.00 plus taxes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## RETIRED MEMBER

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**Retired Member** are those who are either retired or working less than thirty hours per month in the financial services industry in activities such as servicing clients, but who are not actively pursuing new business. This category also includes individuals who have previously been given “life” membership status.

- I carry sufficient E&O coverage in accordance with the nature and extent of their practice.
- I agree to adhere to the Advocis **Code of Professional Conduct & Disciplinary Procedures**.



The 2024 annual membership fee for Retired members is \$100.00 plus taxes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## GAMA GLOBAL CANADA MEMBERSHIP

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**GAMA Global Canada** is dedicated to the professional development needs and leadership skills of all leaders who lead teams, advisors, and managers in the insurance, investment, and financial services industries. GAMA hosts the Leaders and managers Program (LAMP) conference yearly.

- I agree to opt into membership with GAMA Global Canada

The 2024 annual membership fee for Retired members is \$119.00 plus taxes.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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## Membership Attestation

As a requirement of membership, please select each attestation and sign this section.

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

- read, understand and agree to abide by Advocis' **Code of Professional Conduct** and I understand that by entering into this Agreement for 2024, I am subject to Advocis' investigations and disciplinary procedures should a complaint be filed against me with Advocis. The **Code of Professional Conduct** is enforced by The Institute for Advanced Financial Education, a wholly-owned subsidiary and the standards setting and compliance body of Advocis. I understand that The Institute for Advanced Financial Education has the right to enforce the **Code of Professional Conduct** on behalf of Advocis;
- 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 non-refundable 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. Should any of the aforementioned occur I agree to notify Advocis in writing immediately at [info@advocis.ca](mailto:info@advocis.ca) and provide specifics in respect of the offence(s).

Signature \_\_\_\_\_

Date \_\_\_\_\_

## 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 for Advanced Financial Education, GAMA Global 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.

## 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 and indicate your preferences. View our Advocis [Privacy Policy](#).

## Licenses & Designations (if applicable)

Please indicate the provinces or territories in which you hold licenses and/or registrations for the following:

|                          | License Date<br>(Year Received) | Is your license<br>currently in good<br>standing?        | AB | BC | MB | NB | NL | NS | NT | NU | ON | PE | QC | SK | YT |
|--------------------------|---------------------------------|--|----|----|----|----|----|----|----|----|----|----|----|----|----|
| LLQP                     |                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Accident and<br>Sickness |                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |    |    |    |    |    |    |    |    |    |    |    |    |    |
| MFDA                     |                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |    |    |    |    |    |    |    |    |    |    |    |    |    |
| IIROC                    |                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |    |    |    |    |    |    |    |    |    |    |    |    |    |

### Designations that are currently held in good standing

CLU®  CHS™  CH.F.C.®  PFA™  CFP®  CFA®  CIM®  FEA  PFP®  TEP  Pl.fin  CEBS  
 QAFP

Please list any other designations in good standing: \_\_\_\_\_

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**Payment Information** Please note that membership fees are non-refundable.**Annual Membership Fee Full Payment**

I would like to pay my annual membership fee in full

Card No. \_\_\_\_\_  VISA  MasterCard  AMEX  
Expiry Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Monthly Pre-authorized Payment Plan Method:**

See [www.advocis.ca](http://www.advocis.ca) under **Membership – Membership Fees** for monthly fee options.

Please charge my credit card for the monthly amount

Payment day options:  1<sup>st</sup> of the month  15<sup>th</sup> of the month

Card No. \_\_\_\_\_  VISA  MasterCard  AMEX  
Expiry Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby authorize Advocis to renew my annual membership using the credit card on file until further notice.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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 credit card monthly for the amount of 1/12th of the full annual renewal fees. 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 and non-transferable. 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.

Please visit [www.advocis.ca](http://www.advocis.ca) for further details about Advocis membership, or call 1.877.773.6765. Designation fees for The Institute designations (PFA™, CHS™, CLU® & CH.F.C.®) have been included in the membership fee. Fees qualify under Section 18(1)(a) of the Income Tax Act, as a business expense in the year of payment.

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**Send Completed Form To:**

Email: [info@advocis.ca](mailto:info@advocis.ca)

Regular Mail: **Advocis - Member Services**  
**10 Lower Spadina Avenue, Suite 600**  
**Toronto, ON M5V 2Z2**

**2024 Advocis Membership Annual Fees  
(January 1 - December 31)**

| Categories                    | Fees                          |
|-------------------------------|-------------------------------|
| Member Category               |                               |
| Practicing Advisor Member     | \$1,060.00 + Applicable Taxes |
| Manager Member                | \$1,060.00 + Applicable Taxes |
| Provisional Member            | \$530.00 + Applicable Taxes   |
| Associate Category            |                               |
| Associate Member              | \$530.00 + Applicable Taxes   |
| Associate Manager Member      | \$530.00 + Applicable Taxes   |
| Student Category              |                               |
| Student Member                | \$265.00 + Applicable Taxes   |
| Retired Category              |                               |
| Retired Member                | \$100.00 + Applicable Taxes   |
| GAMA Global Canada Membership |                               |
| GAMA Global Canada            | \$119.00 + Applicable Taxes   |
|                               |                               |