

# Membership Application

## Identifying Information

Mr.  Ms.  Miss  Mrs. Advocis ID

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Professional Title \_\_\_\_\_

## Approved Designations

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

I am a member in good-standing

I received my designation(s) on: \_\_\_\_\_

Referred by: Full Name / Chapter: \_\_\_\_\_

## Business Address

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 \_\_\_\_\_

Please select preferred address for correspondence purposes:  Business  Home

## Profile

Birth Date MM/DD/YYYY

Please indicate the provinces or territories in which you hold licences or registrations 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														

## Membership Category Requirements

Please select one of the three 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).

### MEMBER

**Practicing Advisor** members are those that are licensed, and are already holding onto one (or several) of the approved designation(s) for at least two years *and*, 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.

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

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

**Manager members** ([www.gamacanada.com](http://www.gamacanada.com)) 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 understand that Manager members have membership with GAMA International Canada and affiliate membership with GAMA International US.
- 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.

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

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

**Newly-Designated** members are those that are licensed and have recently (in the past two years) earned an approved designation.

Please indicate the designation that was recently earned (*other than* Advocis designations):

CFP®  CFA®  CIM®  FEA  PFP®  TEP  PI.fin

I received this designation(s) on: \_\_\_\_\_(YYYY)

- I agree to provide proof of my designation (as indicated above) **within 30 days of receiving Advocis Membership**. I will email the document to [info@advocis.ca](mailto:info@advocis.ca), Subject Line: Proof of recently earned designation.
- 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 understand that I can only stay in this category only for a maximum of two years after which time Advocis will change my membership into PRACTICING ADVISOR category.

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

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

**Designation Candidate** are those who are licensed and are currently, or, is in the process of starting an approved designation program.

• I understand that I must earn the designation **within three years**

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

CFP®  CFA®  CIM®  FEA  PFP®  TEP  PI.fin

If enrolled in an Advocis designation program please specify:  CLU®  CHS®  PFA™

• 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.

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

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

## ASSOCIATE

**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 service 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.

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

**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 service 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.

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

**Member's Assistants** are individuals who may or may not be licensed but are not designated. They are not compensated for serving clients directly (not client-facing). They work under the direct supervision of an Advocis member(s).

• I am assisting and am under the direct supervision of the following Advocis member(s): \_\_\_\_\_ Name of Member

• I do not provide financial advice nor service 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.

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

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## STUDENT

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

- I am entering the financial services industry for the first time and I am registered in a financial services licensing program (these may be: LLQP, MFDA, Securities, IIROC).
- I agree to give proof of my program registration within 30 days of receiving Advocis Membership. I will email document to info@advocis.ca, Subject Line: Proof of program registration for STUDENT membership.
- I have never offered financial advice.
- 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.

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 2019, 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 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 \_\_\_\_\_



## 2019 Advocis Membership Fees

Categories	Fees
Member Category	
Practicing Advisor	\$923.00 + Applicable Taxes
Manager Member	\$923.00 + Applicable Taxes
Newly Designated (2 year maximum)	\$462.00 + Applicable Taxes
Designation Candidate (3 year maximum)	\$230.00 + Applicable Taxes
Associate Category	
Associate Manager	\$923.00 + Applicable Taxes
Associate	\$725.00 + Applicable Taxes
Member's Assistant	\$186.00 + Applicable Taxes
Student Category	
Student (full-time)	\$50.00 + Applicable Taxes

Monthly PAP Option — add \$36.00 Administration Charge + Applicable Taxes

**Additional Charges for Designation Fees	Fees
CLU Designation	\$371.00
CHS Designation	\$197.00
PFA Designation	\$240.00