

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 CEBS

I am a designation holder 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 _____

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

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

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.

MEMBER

Practicing Advisor members are those that are licensed, and are already holding one (or more) 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 _____

Signature _____ Date _____

Manager members (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**.
- I have at least one Advocis **approved designation** and have maintained my designation with the conferring body.

My start date of actively providing financial advice is _____

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 QAFP™ CEBS

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, 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 _____

Signature _____ Date _____

Designation Candidate are those who are licensed and are currently, or, are 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 QAFP™ CEBS

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 _____

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 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**.

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 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**.

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): _____

• 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 _____

STUDENT

Student Members 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/Foran 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.

Signature _____

Date _____

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 2021, 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 and provide specifics in respect of the offence(s).

Signature _____

Date _____

2021 Advocis Membership Annual Fees (January 1 - December 31)

Categories	Fees
Member Category	
Practicing Advisor	\$941.00 + Applicable Taxes
Manager Member	\$941.00 + Applicable Taxes
Newly Designated (2 year maximum)	\$471.00 + Applicable Taxes
Designation Candidate (3 year maximum)	\$235.00 + Applicable Taxes
Associate Category	
Associate Manager	\$941.00 + Applicable Taxes
Associate	\$740.00 + Applicable Taxes
Member's Assistant	\$190.00 + 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	\$378.00
CHS Designation	\$201.00
PFA Designation	\$240.00
Non-Practicing Members Designation Fee*	\$50.00

*Subject to completion of non-practicing designation attestation