

MEMBERSHIP APPLICATION					
NEW ☐ RENEWAL ☐*					
*Renewing members – please fill in your name and update any other information that has changed in the last 12 months.					
Applicant's Name:					
Position/Title:					
Years in Financial Services:					
Years in Compliance:					
Applicant's Contact Information:					
		e-mail			
		() Office Phone	- Ext		()Cell-Phone
Dealer Member		Office i florie	LAI	I dA	Cell-I Horie
Affiliate Member					
Dealer/Firm Name:					
Website:		www.			
Firm's Principal Jurisdiction: (if applicable)					
Category of Registration: (if applicable)					
Membership Fees	The fee for m	embership is \$1	00.00 per pe	rson.*	
	*The fee for subsequent memberships within the same or related entity is \$100,00 per person. (To be coordinated at the member's firm.)				

Please submit your application today to ensure you receive all ACCP communications and Member benefits!

Important for our mailing list, e-mail your completed form to accp@complianceprofessionals.ca
Pay online at www.complianceprofessionals.ca or mail your cheque made payable to the **ACCP** to:

Cheryl Hamilton, Treasurer – ACCP c/o Hub Capital Inc. 1001-3700 Steeles Avenue West, Woodbridge, ON L4L 8M9 Tel: 1-289-268-1943

Thank you for your support! We welcome your participation.