

# IFB Membership Application 2009

## Personal Information

Name: \_\_\_\_\_ Professional Designations: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

In accordance with our privacy policy, IFB collects and stores only that personal information that is relevant to your membership and participation in IFB events and insurance plan(s). IFB never rents or sells your personal information. In order to provide you with some of the membership benefits to which you are entitled and to serve you as a member, we occasionally provide reputable 3rd party companies with mailing/contact information for this purpose. To view our complete Privacy Policy, go to [www.ifbc.ca/privacy.htm](http://www.ifbc.ca/privacy.htm). If you do not consent to such use of personal information, please check here:

### I wish to apply for membership as follows:

**Membership with voting rights.**

(Check all applicable of A, B, & C. Responses to D & E required)

A) I am currently licensed to sell life insurance in at least one Province and am not bound by contract to market the products of any one insurance company exclusively.  
 Licensed in province(s): \_\_\_\_\_

B) I am currently licensed to sell Mutual Funds in at least one Province and am not bound to market the products of any one mutual fund company exclusively.

C) I am currently licensed to sell Securities in at least one province of Canada.

D) My license is in good standing: \_\_\_ Yes \_\_\_ No

E) Have you been the subject of disciplinary action as a result of a complaint to a regulator?: \_\_\_ Yes \_\_\_ No

Response to D and E required for Voting Members

**Associate membership without voting rights — no licensing required.**

I support the Statement of Principles & Code of Ethics of Independent Financial Brokers of Canada as set out on the website at [www.ifbc.ca/ethics\\_principles.php](http://www.ifbc.ca/ethics_principles.php). As well, I support the aims and goals of the Association, and understand that this is a condition of continued membership in the Association. I certify that the information set out on this form is true.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

### Membership Fee Schedule for 2009 (Membership year is Jan 1—Dec. 31, 2009)

Month	Amount	GST	Total
Jan—Mar	\$175.00	8.75	\$183.75
April	\$157.50	7.88	\$165.38
May	\$140.00	7.00	\$147.00
June	\$122.50	6.13	\$128.63
July	\$105.00	5.25	\$110.25
August	\$87.50	4.38	\$91.88
Sep—Nov	\$70.00	3.50	\$73.50

Pre-authorized payment plan available. Call (905)279-2727 for details.

### Payment information:

- My cheque (payable to IFB) is enclosed.
- Online/telephone banking (call office for account #)
- Please charge my \_\_\_ Visa \_\_\_ Mastercard.

Card Number \_\_\_\_\_

Expiry Date \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

Name of Cardholder (Please print) \_\_\_\_\_

**Mail to:** 306-30 Eglinton Ave. W, Mississauga, ON, L5R 3E7

**Fax to:** (905) 276-7295 (for credit card and online banking applicants only)

**IMPORTANT NOTE:** Membership dues are non-refundable; this form valid for new members ONLY