



I would like to become a member of the CPBI.

Mr. Mrs. Ms.

Last Name: _____ First Name: _____

Title: _____

Employer: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Work Phone: (____) _____ Fax: (____) _____

Email: _____

I consent to the collection, use and disclosure of information as outlined above and in the Institute's Privacy Policy available at www.cpbi-icra.ca

Please specify the sector in which you work, WHETHER PLAN SPONSOR OR PROVIDER (1 choice only) as well as ONLY ONE specialty.

SECTOR		SPECIALTY
Plan Sponsor <input type="checkbox"/> Board of Trustees <input type="checkbox"/> Corporate <input type="checkbox"/> Government <input type="checkbox"/> Labour <input type="checkbox"/> Non-Profit Plan Sponsor (Religious Institutions, Charitable Institutions, Universities)	Provider <input type="checkbox"/> Bank – Trust <input type="checkbox"/> Computer Systems <input type="checkbox"/> Consultant <input type="checkbox"/> Insurance <input type="checkbox"/> Investment Management <input type="checkbox"/> Pharmaceutical <input type="checkbox"/> Third Party Administrator	<input type="checkbox"/> Accounting <input type="checkbox"/> Actuarial <input type="checkbox"/> Benefits <input type="checkbox"/> Broker <input type="checkbox"/> Client Services <input type="checkbox"/> Communication <input type="checkbox"/> Compensation <input type="checkbox"/> Generalist <input type="checkbox"/> Human Resources <input type="checkbox"/> Information Technology <input type="checkbox"/> Investment - Finance <input type="checkbox"/> Legal <input type="checkbox"/> Marketing - Sales <input type="checkbox"/> Member of Board Of Trustees <input type="checkbox"/> Pension <input type="checkbox"/> Pension & Benefits <input type="checkbox"/> Regulator <input type="checkbox"/> Retiree <input type="checkbox"/> Other, Specify: _____

2011 CPBI Annual Membership Fee:

Membership Type	Applicable Taxes:	Regular	Retiree/Student
Regular Membership: <input type="checkbox"/> \$250 + Taxes	BC:	\$280.00	\$39.20
Retiree Membership: <input type="checkbox"/> \$35 + Taxes	QC:	\$282.19	\$39.51
Full Time Student & Recent Graduate Membership (proof will be asked): <input type="checkbox"/> \$35 + Taxes	NB-NF-ON:	\$282.50	\$39.55
	NS:	\$287.50	\$40.25
	Others:	\$262.50	\$36.75
<input type="checkbox"/> Taxes exempt # : _____			

Plan Sponsor Group Membership also available; please contact the membership department at the CPBI National Office for more information: (514) 288-1222 ext: 23 – members@cpbi-icra.ca

PAYMENT INFORMATION

CREDIT CARD: VISA M/C AMEX

Cardholder's Name: _____

Card Number: _____ Expiry Date: ____/____

Signature: _____

CHEQUE: Please make your cheque payable to: **CPBI**
465 St-Jean, # 305
Montréal, QC H2Y 2R6