CLU™ INSTITUTE

CLU Application Form

CONTACT INFORMATION

ADVOCIS ID#: **FIRST NAME:** **LAST NAME:**

COMPANY NAME:

STREET ADDRESS:

CITY: **PROVINCE:** **POSTAL CODE:**

TELEPHONE: **FAX:** **E-MAIL:**

CLU DESIGNATION AFFIRMATION AND MEMBERSHIP AGREEMENT

- I hereby apply for authorization to use the CLU designation
- I understand that only those members authorized by the CLU Institute, may hold themselves out as a CLU advisor.
- I have read and agree to abide by the Rules of Membership of the CLU Institute.
- I have read and agree to abide by the Code of Professional Conduct of the Advocis/CLU Institute.
- I understand that I must pay an annual professional fee for the right to use the CLU designation and to hold myself out as a CLU advisor.
- I understand that I must reapply annually for the continued right to use the CLU designation.
- My failure to remit the required dues within 60 days of the due date will result in the cancellation of my membership in both Advocis and the CLU Institute and I will lose my rights to use the CLU designation and to hold myself out as a CLU advisor.

✘ **Signature:** ✘ **Date:**

CLU DESIGNATION PROFESSIONAL FEE

The CLU Institute administers and promotes the CLU designation. The CLU Institute charges a professional fee for use of the CLU designation. The payment of your Institute fee and your Advocis fee entitles you to use the CLU designation for the coming membership year. Your fees also help to support the Institutes activities.

2008 Membership Fee: (includes CLU Institute and Advocis)	64.83
Less Previously Paid:	0.00
Subtotal:	64.83
GST/HST:	3.24
Balance Due:	68.07

GST. No. R107625378 **NB, NL, NS - 14%HST: All other Provinces - 6% GST*

OPTIONS *(Note that the professional fee is non-refundable.)*

***One-time* Payment:**

- ☐ Cheque enclosed for the full amount ***or***
- ☐ Charge my credit card for the full amount

☐ Visa ☐ MasterCard

CREDIT CARD NO.

EXPIRY DATE SIGNATURE

Monthly PAP

☐ I understand that my existing monthly PAP amount will increase due to the addition of the CLU Professional Fee. I authorize Advocis to increase my monthly dues.

SEND THIS COMPLETED APPLICATION TO:

CLU Institute - Attn. Zennifer Chantiam
390 Queens Quay West, Suite 209
Toronto, On M5V 3A2
Fax: 416.444.8031