

**(Bold fields are required)**

**Contact Information:**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Professional Title:** \_\_\_\_\_ **Firm Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **PC:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Cities you practice in:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Ext #:** \_\_\_\_\_ **Phone 2:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **PC:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Assistant's Name:** \_\_\_\_\_

**Assistant's Phone:** \_\_\_\_\_ **Assistant's Email:** \_\_\_\_\_

**Preferred Place of Contact:**  Home  Office

**Firm Information:**

**# of Employees:**  1-5  6-10  11-50  51-100  101+

**# of Financial Professionals:**  1-5  6-10  11-50  51-100  101+

**Years in Financial Profession:** \_\_\_\_\_

**Professional Information:**

CFP  CA  CIM  CLU  CFA  RFP  OTHER: \_\_\_\_\_

**Education:** (degree, year, institution)  
\_\_\_\_\_

**Professional Affiliations:** \_\_\_\_\_

**Licenses Held (include Province):** \_\_\_\_\_

**Description of Professional Services:** Please indicate the professional services you provide

- |   |   |
|---|---|
| <input type="checkbox"/> Accounting services              | <input type="checkbox"/> Investment Planning                |
| <input type="checkbox"/> Cash Management & Budgeting      | <input type="checkbox"/> Mortgage/Lending Services          |
| <input type="checkbox"/> Comprehensive Financial Planning | <input type="checkbox"/> Planned Giving                     |
| <input type="checkbox"/> Corporate Financial Planning     | <input type="checkbox"/> Professional Investment Management |
| <input type="checkbox"/> Employee Benefits Planning       | <input type="checkbox"/> Real Estate Planning               |
| <input type="checkbox"/> Estate Planning                  | <input type="checkbox"/> Tax Planning                       |
| <input type="checkbox"/> Insurance/Risk Planning          | <input type="checkbox"/> Other _____                        |

<b>Participation Categories:</b>	<b>Annual Membership</b>
<b>Professional Member</b> (Professionally Designated Advisor or Broker) An individual who is a financial professional committed to integrating Christian financial principles into his/her life and professional practice for the benefit of clients.	\$375
<b>Associate</b> (Individuals with Charity and Financial Institution in non-financial advising roles) An individual working with a charitable organization or foundation, or an individual with an organization that is an instrument for the fulfillment of financial strategies, such as an investment fund or financial institution.	\$375
<b>Provisional Applicant</b> (Students, Advisors currently undesignated but with 10 years of service in the industry, and Retired Advisors)	\$375

**Annual Donation Request:**

Members will be issued an annual donation reminder during the month in which their membership was originally accepted. The annual donation recommendation is \$360 and a donation receipt will be issued by the Canadian National Christian Foundation. New member donations should be processed once membership has been approved.

**Donation Options:**

*Online Payment* - can be made via credit card or direct debit on the ADVISORS with Purpose website in the Professional Advisors area (<http://www.cncf.ca/professional-advisors/membership-payment.aspx>) Once membership has been confirmed, this can be set up as a recurring annual payment.

*Cheque* - can be sent to address below. Cheques will be held until membership approval has been confirmed.

**Please send this application to:**

ADVISORS with Purpose  
 89 Auriga Drive, Ottawa, ON K2E 7Z2

Email to [info@advisorswithpurpose.ca](mailto:info@advisorswithpurpose.ca) For questions, call: 613-226-4054

## **ADVISORS with Purpose Signature Page**

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**(Signature)**

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**(Date)**