

# MEMBERSHIP APPLICATION

## INSTRUCTIONS

1. Print clearly
2. Complete all sections of the form including required signatures and return to the address below or e-mail: [membership@caamp.org](mailto:membership@caamp.org) or fax: 416-385-1177/888-579-2840

## MEMBERSHIP NO.

## INDIVIDUAL INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Title \_\_\_\_\_ E-mail \_\_\_\_\_  
Address \_\_\_\_\_ Suite/Unit \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Tel \_\_\_\_\_ Alternate Tel \_\_\_\_\_  
Toll Free \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

## COMPANY INFORMATION

Company Name \_\_\_\_\_  
**Business Activity**  Mortgage Brokerage <sup>(1)</sup>  Mortgage Lender or Mortgage Insurer <sup>(2)</sup>  Other Industry Participant  
Authorized company representative \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ Suite/Unit \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Tel \_\_\_\_\_ Toll Free \_\_\_\_\_ Fax \_\_\_\_\_

<sup>(1)</sup> All mortgage professionals working for a mortgage brokerage must be members of CAAMP

<sup>(2)</sup> A minimum of 25 mortgage professionals working for a mortgage lender or insurer must be members of CAAMP

For more information, contact [membership@caamp.org](mailto:membership@caamp.org)

## FEES

| PROVINCE   | FEE   | TAXES               | TOTAL    |
|------------|-------|---------------------|----------|
| QC         | \$225 | \$28.97 (GST + QST) | \$253.97 |
| NB, NF, NS | \$225 | \$29.25 (HST)       | \$254.25 |
| ALL OTHER  | \$225 | \$11.25 (GST)       | \$236.25 |

## FOR OFFICE USE ONLY

New Mo \_\_\_\_\_ Prior Mo \_\_\_\_\_ Dues \_\_\_\_\_  
Notes \_\_\_\_\_

## PAYMENT INFORMATION

- Please charge my credit card

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Card No. \_\_\_\_\_ Expiry \_\_\_\_\_

\_\_\_\_\_  
Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

- Cheque (payable to CAAMP)

# DECLARATION

## INDIVIDUAL DECLARATION

- Yes  No Have you ever been convicted of a criminal offence for which a pardon has not been granted?
- Yes  No Are there any outstanding civil judgments against you or has judgment ever been entered against you in an action involving fraud? If yes, attach a copy of the judgement.
- Yes  No Have you ever been suspended, disciplined or expelled as a member of any professional organization?
- Yes  No Have you ever been denied a license or permit, or had a license or permit revoked, for failure to meet good character requirements?
- Yes  No Are you currently subject to a petition or assignment in bankruptcy or a proposal to creditors under the Bankruptcy and Insolvency Act, or have you ever been bankrupt or insolvent, under any statute?

**If you responded "yes" to any of the questions above, please provide full details on a separate sheet.**

I agree to abide by any best practices or professional standards of CAAMP that may be in place from time to time and I agree to abide by CAAMP's Bylaws, including its Code of Ethics ("Code") set out therein, and the policies of the Corporation in place from time to time.

I understand and agree that, if accused of a violation of the Code, I will be subject to the CAAMP ethics process and penalties, which may include publication of my name.

Furthermore, I declare that the statements made herein are for the purpose of qualifying as a member of CAAMP and are to the best of my knowledge true and correct. I understand that this information is being relied upon by CAAMP, in its sole discretion, to approve my application for membership. I hereby authorize CAAMP to make all inquiries necessary to verify the accuracy of statements made herein. I authorize my employer to pay all applicable renewal fees for membership.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## COMPANY DECLARATION

I agree that to the best of my knowledge and belief the answers provided by the above-referenced applicant to the questions set out in this application are true and correct. In accordance with the association's Bylaws, the authorized company representative agrees to undertake future membership renewals and member information updates.

**Print Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Employer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Membership is subject to board approval. CAAMP will not process incomplete applications.  
Your payment must be included with this application in order for it to be processed.**

**I am interested in applying for the AMP designation. Please have someone contact me.**