

## ASSOCIATE STATUS APPLICATION FORM

Company/Organization Name: **AXA Assistance Canada**

Representative's Name and Title: **Isabelle Jaegly**

Address: **2001 Robert Bourassa, suite 1850**

City: **Montréal**

Province: **Québec**

Postal Code: **H3A 2L8**

Office Phone - Main: **(514) 285-9053**

Representative's Direct Phone Number: **1-514-265-3141**

Fax:

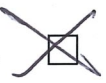
Email: **isabelle.ceff@axa-assistance.ca**

Website: **<https://www.axa-assistance.ca/>**

Parent Company, if applicable:

### Description and Annual Dues:

I. Associate



\$4,800

Organizations that are business partners of CAFII members or otherwise support the Association's goals are eligible to apply for Associate status. Associates receive periodic CAFII communications and invitations to CAFII events. Associates pay \$4,800 per annum in one instalment.

*Associate Status is valid from January 1 to December 31 each year.*

Signature of Applicant:

Date:

22 / 12 / 2017

As a signing authority, I hereby acknowledge that as an applicant for Associate status in CAFII, my company/organization supports the Association's mission, objectives, and policy positions.