

ASSOCIATE STATUS APPLICATION FORM

Company/Organization Name: **Manulife**

Representative's Name and Title: **Monika Spudas, Director, Account Management, Consumer Markets**

Address: **250 Bloor St East, 7th floor**

City: **Toronto**

Province: **ON**

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Representative's Direct Phone Number: **416 687-4649**

Fax:

Email: **Monika_Spudas@Manulife.com**

Website:

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.

M. Spudas
Signature of Applicant

Jan 9, 2018
Date:

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.