

2024 Group Member Renewal

Please send completed form to membership@ontarioplanners.ca

Client Detail

North York, ON M2N 6Y9

Request Date:								
Organization Nan	ne:							
Business Address	:							
Contact Name &	Title:							
Phone:		Email:						
Member Detail (More On Page 2)								
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Payment Inforn	nation		•	•				
Credit Card: □ VIS	A □Master							
Card No.			CVV (3 digits on the back)					
Expiry Date			Name on card					
☐ EFT: Beneficiary name: Ontario Professional Planners Institute								
Bank# 003 / Transi	it# 06722 / <u>/</u>	Account# 1031459 / Pay	Remittance Notice: 1	finance	@ontarioplanners.ca			
☐ Cheque: Please make cheque payment to Ontario Professional Planners Institute, 4881 Yonge St. Suite 401								

Member Detail(Additional)

Member Name	Renewing Item	Member Name	Renewing Item	
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