

## 2025 Group Member Renewal

## Please send completed form to <a href="mailto:membership@ontarioplanners.ca">membership@ontarioplanners.ca</a>

☐ OPPI ☐ CIP ☐ E&O insurance

Client Detail						
Request Date:						
Organization Name:						
Business Address:						
Contact Name &	Title:					
Phone:		Email:				
Member Detail						
Member Name	Renewing Item			Member Name	Renewing Item	
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☐ OPPI ☐ CIP ☐ E&O insurance

## **LIABILITY INSURANCE QUESTIONS**

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rise to a claim, other than a	dvised above. If yes, please	provide name(s).	
Payment Information			
Credit Card: ☐ VISA ☐Mas	ter		
Card No.		CVV (3 digits on the back)	
Expiry Date		Name on card	
☐ <b>EFT:</b> Beneficiary name: C	ntario Professional Planner	rs Institute	
Bank# 003 / Transit# 06722	/ <u>Account# 1031459</u> / <u>Pay</u>	Remittance Notice: finance@	ontarioplanners.ca
		rofessional Planners Institute	