

**APPLICATION FOR ADMISSION AS A LIFE ASSOCIATE**

**APPLICANT INFORMATION**

Name:		
Date of birth:		
Current address:		
City:	Province:	Post Code:
E-mail:	Phone:	Fax:

**DECLARATION**

**Please tick where appropriate:**  
(Please note all conditions must be satisfied)

I have retired from insolvency practice on (please provide date)	
I am not taking on new files	
Existing files will continue to have the necessary administration and supervision that is required of an associate in good standing of the Association to expeditiously wind up or transfer existing files	
A succession plan is in place for all existing files and was sent to the OSB on (please provide date)	
I have attained the age of 55 (fifty-five) years	
I have spent at least 20 (twenty) years in the profession	
At the time of the application I have been a member in good standing of the Association for at least 10 (ten) years	
I have complied with the minimum Mandatory Professional Development program requirements for (please provide last completed year)	

**HISTORY**

Please provide a brief summary of your past and present membership in CAIRP and your Provincial Association:

Most recent firm:

**SIGNATURES**

Signature of applicant:	Date:
-------------------------	-------