



MEMBERSHIP REFERRAL REQUEST FORM

You can mail or fax this form as outlined below.

Alternatively you can e-mail the required information to membership@calu.com.

To: Val Osborne, CALU Administrator
Suite #141 - 92 Caplan Ave
Barrie, ON L4N 0Z7

Fax: 705-734-0366

PLEASE PRINT

I believe the following person would benefit from participation in CALU and would contribute to CALU's capacity to represent the interests of advanced life underwriters and their clients. Please forward an

Active / Provisional Membership kit Associate Membership kit to:

Name: _____

Address: _____

OR

E-mail: _____

Once my request has been received, and the membership information sent, I understand that CALU will advise me and ask that I follow-up with the person I have recommended.

My name: _____

Company: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Signature: _____ Date: _____

Thank you for your support of this important phase of CALU's development.

CONFERENCE FOR ADVANCED LIFE UNDERWRITING

Admin office: Suite #141 - 92 Caplan Ave, Barrie, ON L4N 0Z7 • Tel: (705) 728-6017 • Fax: (705) 734-0366 • www.calu.com