



**SMALL CHARITY/NONPROFIT ORGANIZATION MEMBERSHIP APPLICATION**

Online Application: [www.cagp-acpdp.org](http://www.cagp-acpdp.org)

Please use this form to join CAGP in the Small Charity/Nonprofit Organizational Membership category. This membership is available to charities or incorporated nonprofit organizations which:

- Have an annual operating budget of less than \$1-million
- Have a fundraising department with less than two full-time equivalent staff
- Are not affiliated with a larger institution supporting their operations
- Identify one individual to be designated to receive the member benefits

**INFORMATION**

First Name		Last Name	
Organization		Title	
Address	City	Province	Postal Code
Email		Phone	Language Preference
			English [ ] French [ ]

Please select the appropriate amount based on your province of residence:

Membership Fee by province:	\$165 + HST
RESIDENTS OF <b>AB, BC, SK, MB, QC, YK, NT, NU</b> INCLUDES 5% GST	[ ] <b>\$173.25</b>
RESIDENTS OF <b>ON</b> INCLUDES 13% HST	[ ] <b>\$186.45</b>
RESIDENTS OF <b>NS</b> INCLUDES 14% HST	[ ] <b>\$188.10</b>
RESIDENTS OF <b>NL, NB, PE</b> INCLUDES 15% HST	[ ] <b>\$189.75</b>

(HST#870678299RT0001)

Please select your organization's sub-sector:	
[ ] Environment	[ ] Social Services
[ ] Faith-based	[ ] International
[ ] Health	[ ] Education
[ ] Arts & Culture	[ ] Sport & Recreation
Other: _____	

Please confirm your eligibility for this membership category

Charitable / Nonprofit Registration # :		
Does your organization have an operating budget of under \$1 million?	[ ] Yes	[ ] No
Does your organization have a fundraising department with fewer than 2 full-time equivalent employees?	[ ] Yes	[ ] No
Is your organization affiliated with a larger organization that supports your operations?	[ ] Yes	[ ] No

**METHOD OF PAYMENT**

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> EFT* (Payment details below. Please note that we no longer receive cheques)
Cardholder Name:		
Card Number:	Expiry Date (mm/yy):	Security Code (3 digits):

Please confirm your consent for electronic communications:  
 Yes, I consent to CAGP sending me electronic communications.  
 No, I do not consent to CAGP sending me electronic communications.

I certify that I have read and subscribe to the CAGP Code of Ethics posted on the website and by virtue of signing below, I accept the obligation to abide by the Code and acknowledge that a violation on my part may result in action by the CAGP Board of Directors.

\*EFT: Payment can be made via direct deposit using the following information:  
 Institution: 003 Transit: 00006 Account: 1097906  
 Please send Remittance E-mail to: [accounting@cagp-acpdp.org](mailto:accounting@cagp-acpdp.org)

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**SIGNATURE**

Please return the completed application form by mail or email to:

**Canadian Association of Gift Planners**  
623 - 116 Lisgar St., Ottawa ON K2P 0C2  
Email: [membership@cagp-acpdp.org](mailto:membership@cagp-acpdp.org)