# SMALL CHARITY/NONPROFIT ORGANIZATION MEMBERSHIP APPLICATION

**Online Application:** 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:** | **$170 + HST** |
|---|---|
| RESIDENTS OF **AB, BC, SK, MB, QC, YK, NT, NU** INCLUDES 5% GST | [ ] **$178.50** |
| RESIDENTS OF **ON** INCLUDES 13% HST | [ ] **$192.10** |
| RESIDENTS OF **NS** INCLUDES 14% HST | [ ] **$193.80** |
| RESIDENTS OF **NL, NB, PE** INCLUDES 15% HST | [ ] **$195.50** |

(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

| | | |
|---|---|---|
| [ ] VISA | [ ] MASTERCARD | [ ] 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

.

**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**