SMALL CHARITY/NONPROFIT ORGANIZATION MEMBERSHIP APPLICATION

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

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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**