CHARITY/NONPROFIT ORGANIZATIONAL MEMBERSHIP APPLICATION

Please use this form to join CAGP in the Charity / Nonprofit Organizational Membership category. This category is available to independently incorporated organizations interested in purchasing memberships for multiple staff in the same organization

- The minimum number of memberships is four.
- A single invoice will be issued to your organization.
- Memberships are transferable for internal staffing changes.
- All memberships will be adjusted to the same expiry date.
- If you are joining this in this category for the first time, please contact the National Membership Manager at membership@cagp-acpdp.org or 1-888-430-9494 x225 to determine transition process for existing CAGP members.

1. INFORMATION (individual to be invoiced)

First Name	**Last Name**

Organization	**Title**

Address	**City**	**Province**	**Postal Code**

Email	**Phone**

2. PAYMENT INFORMATION (select the number of staff joining and fill out the member contact information on page 2 for each individual

Please determine the amount of your membership based on the number of members and your province:	**4 members $1,150**	**5-10 Members + $285 each**	**>10 Members + $230 each**
RESIDENTS OF **AB, BC, SK, MB, QC, YK, NT, NU** INCLUDES 5% GST	☐ **$1,207.50**	☐ **$299.25 x** _____ **Total = $** _____	☐ **$241.50 X** _____ **Total = $** _____
RESIDENTS OF **ON** INCLUDES 13% HST	☐ **$1,299.50**	☐ **$322.05 x** _____ **Total =$** _____	☐ **$259.90 X** _____ **Total = $** _____
RESIDENTS OF **NS** INCLUDES 14% HST	☐ **$1,311**	☐ **$324.90 x** _____ **Total =$** _____	☐ **$262.20 x** _____ **Total =$** _____
RESIDENTS OF **NL, NB, PE** INCLUDES 15% HST	☐ **$1322.50**	☐ **$327.75 x** _____ **Total =$** _____	☐ **$264.50 X** _____ **Total = $** _____

(HST#870678299RT0001)

3. SUB-SECTOR

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

4. METHOD OF PAYMENT

☐ **VISA**	☐ **MASTERCARD**	☐ **EFT** (Payment details below. Please note we are no longer receiving cheques.)
Cardholder Name:		
Card Number:		**Expiry Date (mm/yy):**
Security Code (3 digits):		

5. CAGP CODE OF ETHICS

☐ 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.

_____

SIGNATURE



Return the completed application form by email to membership@cagp-acpdp.org
Canadian Association of Gift Planners
623 - 116 Lisgar St., Ottawa, ON K2P 0C2
*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

6. CAGP MEMBER INFORMATION (Please duplicate the following page as needed for additional CAGP Members)

	Member 1	Member 2	Member 3
Name:			
Title:			
Email:			
Phone Number:			
Language Preference:	**English** ☐ **French** ☐	**English** ☐ **French** ☐	**English** ☐ **French** ☐
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.**	☐ **Yes, I consent to CAGP sending me electronic communications.** ☐ **No, I do not consent to CAGP sending me electronic communications.**	☐ **Yes, I consent to CAGP sending me electronic communications.** ☐ **No, I do not consent to CAGP sending me electronic communications.**
	Member 4	**Member 5**	**Member 6**
Name:			
Title:			
Email:			
Phone Number:			
Language Preference:	**English** ☐ **French** ☐	**English** ☐ **French** ☐	**English** ☐ **French** ☐
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.**	☐ **Yes, I consent to CAGP sending me electronic communications.** ☐ **No, I do not consent to CAGP sending me electronic communications.**	☐ **Yes, I consent to CAGP sending me electronic communications.** ☐ **No, I do not consent to CAGP sending me electronic communications.**
	Member 7	**Member 8**	**Member 9**
Name:			

Title:			
Email:			
Phone Number:			
Language Preference:	**English** ☐ **French** ☐	**English** ☐ **French** ☐	**English** ☐ **French** ☐
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.**	☐ **Yes, I consent to CAGP sending me electronic communications.** ☐ **No, I do not consent to CAGP sending me electronic communications.**	☐ **Yes, I consent to CAGP sending me electronic communications.** ☐ **No, I do not consent to CAGP sending me electronic communications.**