



## ASSOCIATE MEMBERSHIP APPLICATION

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

Please use this form to join CAGP as an individual Associate Member. If you are employed by a charity or nonprofit organization, please use the Charity/Nonprofit Associate Membership application form.

### INFORMATION

First Name		Last Name	
<input type="text"/>		<input type="text"/>	
Organization		Title	
<input type="text"/>		<input type="text"/>	
Address	City	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email		Phone	Language Preference
<input type="text"/>		<input type="text"/>	English <input type="checkbox"/> French <input type="checkbox"/>

### ASSOCIATE MEMBERSHIP FEE - \$410 + HST/GST

Please select the appropriate amount based on your province of residence:	
RESIDENTS OF <b>AB, BC, SK, MB, QC, YK, NT, NU</b> INCLUDES 5% GST	<input type="checkbox"/> <b>\$430.50</b>
RESIDENTS OF <b>ON</b> INCLUDES 13% HST	<input type="checkbox"/> <b>\$463.30</b>
RESIDENTS OF <b>NS</b> INCLUDES 14% HST	<input type="checkbox"/> <b>\$467.40</b>
RESIDENTS OF <b>NL, NB, PE</b> INCLUDES 15% HST	<input type="checkbox"/> <b>\$471.50</b>

(HST#870678299RT0001)

Please select the appropriate professional category:	
<input type="checkbox"/> Accounting	<input type="checkbox"/> Insurance
<input type="checkbox"/> Estate Planner	<input type="checkbox"/> Investment
<input type="checkbox"/> Financial Planner	<input type="checkbox"/> Legal
Other: <input type="text"/>	

### METHOD OF PAYMENT

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> EFT* (see payment details below. Please note we are no longer receiving cheques.)
Cardholder Name: <input type="text"/>		
Card Number: <input type="text"/>		Expiry Date (mm/yy): <input type="text"/>

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.

**SIGNATURE:** \_\_\_\_\_

\*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)

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)