



## CHARITY/NONPROFIT ORGANIZATIONAL MEMBERSHIP APPLICATION

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

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 Coordinator at [membership@cagp-acpdp.org](mailto: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 \$1,120	5-10 Members + \$275 each	>10 Members + \$220 each
RESIDENTS OF AB, BC, SK, MB, QC, YK, NT, NU INCLUDES 5% GST	[ ] \$1,176.00	[ ] \$288.75 x _____ Total = \$ _____	[ ] \$231.00 X _____ Total = \$ _____
RESIDENTS OF ON INCLUDES 13% HST	[ ] \$1,265.60	[ ] \$310.75 x _____ Total = \$ _____	[ ] \$248.60 X _____ Total = \$ _____
RESIDENTS OF NS INCLUDES 14% HST	[ ] \$1,276.80	[ ] \$313.50 x _____ Total = \$ _____	[ ] \$250.80 x _____ Total = \$ _____
RESIDENTS OF NL, NB, PE INCLUDES 15% HST	[ ] \$1288.00	[ ] \$316.25 x _____ Total = \$ _____	[ ] \$253.00 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):

### 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](mailto:membership@cagp-acpdp.org)

**Canadian Association of Gift Planners**

14 Chamberlain Avenue, Suite 201A, Ottawa, ON K1S 1V9

\*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)

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

	Member 1	Member 2	Member 3
<b>Name:</b>			
<b>Title:</b>			
<b>Email:</b>			
<b>Phone Number:</b>			
<b>Language Preference:</b>	English [ ]    French [ ]	English [ ]    French [ ]	English [ ]    French [ ]
<b>Please confirm your consent for electronic communications.</b>	<input type="checkbox"/> Yes, I consent to CAGP sending me electronic communications. <input type="checkbox"/> No, I do not consent to CAGP sending me electronic communications.	<input type="checkbox"/> Yes, I consent to CAGP sending me electronic communications. <input type="checkbox"/> No, I do not consent to CAGP sending me electronic communications.	<input type="checkbox"/> Yes, I consent to CAGP sending me electronic communications. <input type="checkbox"/> No, I do not consent to CAGP sending me electronic communications.
	Member 4	Member 5	Member 6
<b>Name:</b>			
<b>Title:</b>			
<b>Email:</b>			
<b>Phone Number:</b>			
<b>Language Preference:</b>	English [ ]    French [ ]	English [ ]    French [ ]	English [ ]    French [ ]
<b>Please confirm your consent for electronic communications.</b>	<input type="checkbox"/> Yes, I consent to CAGP sending me electronic communications. <input type="checkbox"/> No, I do not consent to CAGP sending me electronic communications.	<input type="checkbox"/> Yes, I consent to CAGP sending me electronic communications. <input type="checkbox"/> No, I do not consent to CAGP sending me electronic communications.	<input type="checkbox"/> Yes, I consent to CAGP sending me electronic communications. <input type="checkbox"/> No, I do not consent to CAGP sending me electronic communications.
	Member 7	Member 8	Member 9
<b>Name:</b>			
<b>Title:</b>			
<b>Email:</b>			

Phone Number:			
Language Preference:	English [ ]      French [ ]	English [ ]      French [ ]	English [ ]      French [ ]
Please confirm your consent for electronic communications.	<div>[ ] Yes, I consent to CAGP sending me electronic communications.</div> <div>[ ] No, I do not consent to CAGP sending me electronic communications.</div>	<div>[ ] Yes, I consent to CAGP sending me electronic communications.</div> <div>[ ] No, I do not consent to CAGP sending me electronic communications.</div>	<div>[ ] Yes, I consent to CAGP sending me electronic communications.</div> <div>[ ] No, I do not consent to CAGP sending me electronic communications.</div>