



STUDENT MEMBERSHIP APPLICATION

Online Application: www.cagp-acpdp.org

Please use this form to join CAGP in the Student Membership category. This is an individual membership and is non-transferrable. Proof of full-time enrollment in a post-secondary institution is required.

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"/>

Please select the appropriate amount based on your province of residence:	
Membership Fee by province:	\$90 + HST
RESIDENTS OF AB, BC, SK, MB, QC, YK, NT, NU INCLUDES 5% GST	<input type="checkbox"/> \$94.50
RESIDENTS OF ON INCLUDES 13% HST	<input type="checkbox"/> \$101.70
RESIDENTS OF NS, NL, NB, PE INCLUDES 15% HST	<input type="checkbox"/> \$103.50

(HST#870678299RT0001)

If you are a student, have you attached the proof of enrollment?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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METHOD OF PAYMENT

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

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

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