



ASSOCIATE MEMBERSHIP APPLICATION

Online Application: 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 - \$375 + HST

Please select the appropriate amount based on your province of residence:	
RESIDENTS OF AB, BC, SK, MB, QC, YK, NT, NU INCLUDES 5% GST	<input type="checkbox"/> \$393.75
RESIDENTS OF ON INCLUDES 13% HST	<input type="checkbox"/> \$423.75
RESIDENTS OF NS, NL, NB, PE INCLUDES 15% HST	<input type="checkbox"/> \$431.25

(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"/> CHEQUE (Payable to Canadian Association of Gift Planners)
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: _____

Please return the completed application form by mail or email to:

Canadian Association of Gift Planners

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

Email: membership@cagp-acpdp.org