

## **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			
Organization			Title			
Address	City		Province		Postal Code	
Email			Phone		Language Preference	
					English [ ] French [ ]	
ASSOCIATE MEMBERSHIP FEE - \$410 + HST/GST						
Please select the appropriate amount based on your province of residence:			F	Please select the appropriate professional category:		
RESIDENTS OF AB, BC, SK, MB, QC, YK, NT, NU INCLUDES 5% GST		[ ] \$430.50		[ ] Accounting	[ ] Insurance	
RESIDENTS OF <b>ON</b> INCLUDES 13% HST		[ ] \$463.30		[ ] Estate Planner	[ ] Investment	
RESIDENTS OF <b>NS</b> , <b>NL</b> , <b>NB</b> , <b>PE</b> INCLUDES 15% HST		[ ] \$471.50		[ ] Financial Planner	[ ] Legal	
(HST#870678299RT0001)				Other:		
METHOD OF PAYMENT						
[ ] VISA	[ ] MASTERCARD			[ ] EFT* (see payment details below. Please note we are no longer receiving cheques.)		
Cardholder Name:						
Card Number:				Expiry Date (mm/yy):		
	to CAGP sending me onsent to CAGP send the to the CAGP Code	ding me electror of Ethics posted	nic co	mmunications. the website and by virtue of sign		
SIGNATURE.					<del>-</del>	

\*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** 

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

Email: membership@cagp-acpdp.org