

CHARITY/NONPROFIT ASSOCIATE MEMBERSHIP APPLICATION

Online Application: www.cagp-acpdp.org

Please use this form to join CAGP as an individual Associate Member working in a charity or non-profit organization.

INFORMATION				
First Name			Last Name	
Organization			Title	
Address City			Province/State	Postal Code/Zip Code
- Frank			Dhana	Language Drofessores
Email			Phone	Language Preference English [] French []
				English [] French []
CHARITY/NONPROFIT ASSOCIATE ME	MBERSHIP FEE - \$3	325 + HST		
Please select the appropriate amount based on your province of residence:			Please select your organization's sub-sector:	
RESIDENTS OF AB, BC, SK, MB, QC, YK, NT, NU		[] \$341.25	[] Environment	[] Social Services
INCLUDES 5% GST			[] Faith-based	[] International
RESIDENTS OF ON INCLUDES 13% HST		[] \$367.25	[] Health	[] Education
RESIDENTS OF NS, NL, NB, PE INCLUDES 15% HST		[] \$373.75	[] Arts & Culture	[] Sport & Recreation
	(HST#8706	78299RT0001)	Other:	
METHOD OF PAYMENT				
[] VISA		[] CHEQUE (Payable to Canadian Association of Gift Planners		
Cardholder Name:	[]WIAG1	LITOARD	[] OF IEQUE (Fayable	to Canadian Association of Citt families
Card Number:			Expiry Date (mm/yy):	
Please confirm your consent for ele	ctronic communica	ations:		
[]Yes, I cor	nsent to CAGP sen	nding me electr	onic communications.	
[] No. I do n	oot consent to CAG	2D sending me	electronic communications.	
[]NO,1 do 11	ioi consent to CAC	or sending me	electronic communications.	
[] I certify that I have read and sub the obligation to abide by the Code				

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

membership@cagp-acpdp.org

SIGNATURE: