



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
Email		Phone	Fax

CHARITY/NONPROFIT ASSOCIATE MEMBERSHIP FEE - \$325 + 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"/> \$341.25
RESIDENTS OF ON INCLUDES 13% HST	<input type="checkbox"/> \$367.25
RESIDENTS OF NS, NL, NB, PE INCLUDES 15% HST	<input type="checkbox"/> \$373.75

(HST#870678299RT0001)

Please select your organization's sub-sector:	
<input type="checkbox"/> Environment	<input type="checkbox"/> Social Services
<input type="checkbox"/> Faith-based	<input type="checkbox"/> International
<input type="checkbox"/> Health	<input type="checkbox"/> Education
<input type="checkbox"/> Arts & Culture	<input type="checkbox"/> Sport & Recreation
Other:	

METHOD OF PAYMENT

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> CHEQUE (Payable to Canadian Association of Gift Planners)
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: _____

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

accounting@cagp-acpdp.org