



**CHARITY/NONPROFIT ORGANIZATIONAL MEMBERSHIP APPLICATION**

Online Application: [www.cagp-acpdp.org](http://www.cagp-acpdp.org)

Please use this form to join CAGP in the Charity / Nonprofit Organizational Membership category. This category is available to independently incorporated organizations interested in purchasing memberships for multiple staff in the same organization

- The minimum number of memberships is four.
- A single invoice will be issued to your organization.
- Memberships are transferable for internal staffing changes.
- All memberships will be adjusted to the same expiry date.
- If you are joining this in this category for the first time, please contact the National Membership Coordinator at [membership@cagp-acpdp.org](mailto:membership@cagp-acpdp.org) or 1-888-430-9494 x227 to determine transition process for existing CAGP members.

**1. INFORMATION** (individual to be invoiced)

<b>First Name</b>		<b>Last Name</b>	
<b>Organization</b>		<b>Title</b>	
<b>Address</b>	<b>City</b>	<b>Province</b>	<b>Postal Code</b>
<b>Email</b>		<b>Phone</b>	<b>Fax</b>

**2. PAYMENT INFORMATION** (select the number of staff joining and fill out the member contact information on page 2 for each individual)

Please determine the amount of your membership based on the number of members and your province:	4 members \$1,000	5-10 Members + \$250 each	>10 Members + \$200 each
RESIDENTS OF AB, BC, SK, MB, QC, YK, NT, NU INCLUDES 5% GST	[ ] \$1050.00	[ ] \$262.50 x _____ Total = \$ _____	[ ] \$210.00 X _____ Total = \$ _____
RESIDENTS OF ON INCLUDES 13% HST	[ ] \$1130.00	[ ] \$282.50 x _____ Total = \$ _____	[ ] \$226.00 X _____ Total = \$ _____
RESIDENTS OF NS, NL, NB, PE INCLUDES 15% HST	[ ] \$1150.00	[ ] \$287.50 x _____ Total = \$ _____	[ ] \$230.00 X _____ Total = \$ _____

(HST#870678299RT0001)

**3. SUB-SECTOR**

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:	

**4. METHOD OF PAYMENT**

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> CHEQUE <small>(Payable to Canadian Association of Gift Planners)</small>
<b>Cardholder Name:</b>		
<b>Card Number:</b>		<b>Expiry Date (mm/yy):</b>

**5. CAGP CODE OF ETHICS**

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 REQUIRED OF CEO/ED OR BOARD MEMBER**



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: [accounting@cagp-acpdp.org](mailto:accounting@cagp-acpdp.org)

6. CAGP MEMBER INFORMATION (Please duplicate the following page as needed for additional CAGP Members)

	Member 1	Member 2	Member 3
<b>Name:</b>			
<b>Title:</b>			
<b>Email:</b>			
<b>Phone Number:</b>			
<b>Please confirm your consent for electronic communications.</b>	<input type="checkbox"/> Yes, I consent to CAGP sending me electronic communications. <input type="checkbox"/> No, I do not consent to CAGP sending me electronic communications.	<input type="checkbox"/> Yes, I consent to CAGP sending me electronic communications. <input type="checkbox"/> No, I do not consent to CAGP sending me electronic communications.	<input type="checkbox"/> Yes, I consent to CAGP sending me electronic communications. <input type="checkbox"/> No, I do not consent to CAGP sending me electronic communications.
	Member 4	Member 5	Member 6
<b>Name:</b>			
<b>Title:</b>			
<b>Email:</b>			
<b>Phone Number:</b>			
<b>Please confirm your consent for electronic communications.</b>	<input type="checkbox"/> Yes, I consent to CAGP sending me electronic communications. <input type="checkbox"/> No, I do not consent to CAGP sending me electronic communications.	<input type="checkbox"/> Yes, I consent to CAGP sending me electronic communications. <input type="checkbox"/> No, I do not consent to CAGP sending me electronic communications.	<input type="checkbox"/> Yes, I consent to CAGP sending me electronic communications. <input type="checkbox"/> No, I do not consent to CAGP sending me electronic communications.
	Member 7	Member 8	Member 9
<b>Name:</b>			
<b>Title:</b>			
<b>Email:</b>			
<b>Phone Number:</b>			
<b>Please confirm your consent for electronic communications.</b>	<input type="checkbox"/> Yes, I consent to CAGP sending me electronic communications. <input type="checkbox"/> No, I do not consent to CAGP sending me electronic communications.	<input type="checkbox"/> Yes, I consent to CAGP sending me electronic communications. <input type="checkbox"/> No, I do not consent to CAGP sending me electronic communications.	<input type="checkbox"/> Yes, I consent to CAGP sending me electronic communications. <input type="checkbox"/> No, I do not consent to CAGP sending me electronic communications.