



CHARITY/NONPROFIT ORGANIZATIONAL MEMBERSHIP APPLICATION

Online Application: 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 or 1-888-430-9494 x225 to determine transition process for existing CAGP members.

1. INFORMATION (individual to be invoiced)

First Name		Last Name	
Organization		Title	
Address	City	Province	Postal Code
Email		Phone	

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 \$1,120	5-10 Members + \$275 each	>10 Members + \$220 each
RESIDENTS OF AB, BC, SK, MB, QC, YK, NT, NU INCLUDES 5% GST	[] \$1,176.00	[] \$288.75 x _____ Total = \$ _____	[] \$231.00 X _____ Total = \$ _____
RESIDENTS OF ON INCLUDES 13% HST	[] \$1,265.60	[] \$310.75 x _____ Total = \$ _____	[] \$248.60 X _____ Total = \$ _____
RESIDENTS OF NS, NL, NB, PE INCLUDES 15% HST	[] \$1288.00	[] \$316.25 x _____ Total = \$ _____	[] \$253.00 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 (Payable to Canadian Association of Gift Planners)
Cardholder Name:		
Card Number:		Expiry Date (mm/yy):

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: membership@cagp-acpdp.org

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

	Member 1	Member 2	Member 3
Name:			
Title:			
Email:			
Phone Number:			
Language Preference:	English <input type="checkbox"/> French <input type="checkbox"/>	English <input type="checkbox"/> French <input type="checkbox"/>	English <input type="checkbox"/> French <input type="checkbox"/>
Please confirm your consent for 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.	<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
Name:			
Title:			
Email:			
Phone Number:			
Language Preference:	English <input type="checkbox"/> French <input type="checkbox"/>	English <input type="checkbox"/> French <input type="checkbox"/>	English <input type="checkbox"/> French <input type="checkbox"/>
Please confirm your consent for 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.	<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
Name:			
Title:			
Email:			
Phone Number:			

Language Preference:	English [] French []	English [] French []	English [] French []
Please confirm your consent for electronic communications.	<div>[] Yes, I consent to CAGP sending me electronic communications.</div> <div>[] No, I do not consent to CAGP sending me electronic communications.</div>	<div>[] Yes, I consent to CAGP sending me electronic communications.</div> <div>[] No, I do not consent to CAGP sending me electronic communications.</div>	<div>[] Yes, I consent to CAGP sending me electronic communications.</div> <div>[] No, I do not consent to CAGP sending me electronic communications.</div>