



RETIREE MEMBERSHIP APPLICATION

Online Application: www.cagp-acpdp.org

Please use this form to join CAGP in the Retiree Membership category. This is an individual membership and is non-transferrable. To be eligible for the Retiree membership, applicants must be retired professionals, or 65 years of age or older, and have been a CAGP member in good standing for a minimum of 5 consecutive years prior to retirement.

INFORMATION

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

Please select the appropriate amount based on your province of residence:

Membership Fee by province:	\$85 + HST
RESIDENTS OF AB, BC, SK, MB, QC, YK, NT, NU INCLUDES 5% GST	<input type="checkbox"/> \$89.25
RESIDENTS OF ON INCLUDES 13% HST	<input type="checkbox"/> \$96.05
RESIDENTS OF NS, NL, NB, PE INCLUDES 15% HST	<input type="checkbox"/> \$97.75

(HST#870678299RT0001)

If you worked in the Private Sector, please select the appropriate professional category you worked in prior to retirement:	If you worked in the Charitable Sector, please select the sub-sector you worked in prior to retirement:
<input type="checkbox"/> Accounting	<input type="checkbox"/> Arts & Culture
<input type="checkbox"/> Estate Planner	<input type="checkbox"/> Environment
<input type="checkbox"/> Financial Planner	<input type="checkbox"/> Faith - based
<input type="checkbox"/> Insurance	<input type="checkbox"/> Health
<input type="checkbox"/> Investment	<input type="checkbox"/> International
<input type="checkbox"/> Legal	<input type="checkbox"/> University
Other:	<input type="checkbox"/> Education
	<input type="checkbox"/> Sport & Recreation
	Other:

Are you currently retired?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Prior to retirement, were you a CAGP member in good standing for 5 consecutive years prior to your retirement?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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
 E-mail: accounting@cagp-acpdp.org