



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	
<input type="text"/>		<input type="text"/>	
Organization		Title	
<input type="text"/>		<input type="text"/>	
Address	City	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	Phone		Language Preference
<input type="text"/>	<input type="text"/>		English <input type="checkbox"/> French <input type="checkbox"/>

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)

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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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:

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: membership@cagp-acpdp.org