



**SMALL CHARITY/NONPROFIT ORGANIZATION MEMBERSHIP APPLICATION**

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

Please use this form to join CAGP in the Small Charity/Nonprofit Organizational Membership category. This membership is available to charities or incorporated nonprofit organizations which:

- Have an annual operating budget of less than \$1-million
- Have a fundraising department with less than two full-time equivalent staff
- Are not affiliated with a larger institution supporting their operations
- Identify one individual to be designated to receive the member benefits

**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:   | \$150 + HST                              |
|---|--|
| RESIDENTS OF <b>AB, BC, SK, MB, QC, YK, NT, NU</b><br>INCLUDES 5% GST | <input type="checkbox"/> <b>\$157.50</b> |
| RESIDENTS OF <b>ON</b> INCLUDES 13% HST                               | <input type="checkbox"/> <b>\$169.50</b> |
| RESIDENTS OF <b>NS, NL, NB, PE</b> INCLUDES 15% HST                   | <input type="checkbox"/> <b>\$172.50</b> |

(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:  |   |

Please confirm your eligibility for this membership category

|  |  |
|--|--|
| Charitable / Nonprofit Registration # :  |  |
| Does your organization have an operating budget of under \$1 million?                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does your organization have a fundraising department with fewer than 2 full-time equivalent employees? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is your organization affiliated with a larger organization that supports your operations?              | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**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):                |  |

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.

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.

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