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 __________________________ Language Preference English [ ] French [ ]

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

<table>
<thead>
<tr>
<th>Membership Fee by province:</th>
<th>$150 + HST</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESIDENTS OF AB, BC, SK, MB, QC, YK, NT, NU INCLUDES 5% GST</td>
<td>[ ] $157.50</td>
</tr>
<tr>
<td>RESIDENTS OF ON INCLUDES 13% HST</td>
<td>[ ] $169.50</td>
</tr>
<tr>
<td>RESIDENTS OF NS, NL, NB, PE INCLUDES 15% HST</td>
<td>[ ] $172.50</td>
</tr>
</tbody>
</table>

(HST#870678299RT0001)

Please select your organization’s sub-sector:

[ ] Environment [ ] Social Services
[ ] Faith-based [ ] International
[ ] Health [ ] Education
[ ] Arts & Culture [ ] 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?

[ ] Yes [ ] No

Does your organization have a fundraising department with fewer than 2 full-time equivalent employees?

[ ] Yes [ ] No

Is your organization affiliated with a larger organization that supports your operations?

[ ] Yes [ ] No

METHOD OF PAYMENT

[ ] VISA [ ] MASTERCARD [ ] 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: membership@cagp-acpdp.org