



## 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		Language Preference
			English [ ] French [ ]

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

Membership Fee by province:	\$165 + HST
RESIDENTS OF AB, BC, SK, MB, QC, YK, NT, NU INCLUDES 5% GST	[ ] \$173.25
RESIDENTS OF ON INCLUDES 13% HST	[ ] \$186.45
RESIDENTS OF NS, NL, NB, PE INCLUDES 15% HST	[ ] \$189.75

(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](mailto:membership@cagp-acpdp.org)