

SIGNATURE:

STUDENT MEMBERSHIP APPLICATION

Online Application: www.cagp-acpdp.org

Please use this form to joint CAGP in the Student Membership category. This is an individual membership and is non-transferrable. Proof of full-time enrollment in a post-secondary institution is required.

First Name			Last Name	
Organization			Title	
Address	City		Province	Postal Code
			Di	
Email			Phone	Language Preference English [] French []
				English French
Please select the appropriate amount base	d on your province o	of residence:]	
Membership Fee by province:		\$85 + HST		
RESIDENTS OF AB, BC, SK, MB, QC, YK, NT, NU INCLUDES 5% GST		[] \$89.25	If you are a student, have you attached the proof of enrollment?	
RESIDENTS OF ON INCLUDES 13% HST		[] \$96.05	[] Yes	[] No
RESIDENTS OF NS, NL, NB, PE INCLUD	ES 15% HST	[] \$97.75		L
METHOD OF PAYMENT	T 1MAST	EDCARD	[] CHEOLIE (Povoble to	Canadian Association of Gift Planners)
	[] MASTERCARD		[] Of IEQUE (Payable to	Canadian Association of Gilt Flanners,
Cardholder Name:				
Card Number:		Expiry Date (mm/yy):		
	sent to CAGP send	ding me electr	onic communications.	
[] No, I do no			electronic communications. cs posted on the website and by	virtue of signing below. Laccept

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