



STUDENT MEMBERSHIP APPLICATION

Online Application: www.cagp-acpdp.org

Please use this form to join 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.

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:	\$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)

If you are a student, have you attached the proof of enrollment?

<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):	

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
Email: accounting@cagp-acpdp.org