

SIGNATURE:

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			Dhana	Languaga Drafarana
Email			Phone	Language Preference English [] French []
				English [] French []
Please select the appropriate amount has	ed on your province	of residence:	1	
Please select the appropriate amount based on your province of residence Membership Fee by province: \$90 + H				
RESIDENTS OF AB, BC, SK, MB, QC, YK, NT, NU		[] \$94.50		
INCLUDES 5% GST		[] \$04.00	If you are a student, have you attach	ned the proof of enrollment?
RESIDENTS OF ON INCLUDES 13% HST		[] \$101.70	[] Yes	[] No
RESIDENTS OF NS , NL , NB , PE INCLUE	[] \$103.50			
	(HST#8	70678299RT0001		
METHOD OF PAYMENT				
[] VISA		ERCARD	[] EFT* (Payment details below. Please note we no longer receive	
			che	eques.)
Cardholder Name:				
Card Number:			Expiry Date (mm/yy):	
Please confirm your consent for ele				
[]Yes, I con	sent to CAGP sen	ding me electr	onic communications.	
[] No, I do n	ot consent to CAG	P sending me	electronic communications.	
[] I certify that I have read and sub the obligation to abide by the Code			•	

*EFT: Payment can be made via direct deposit using the following information: Institution: 003 Transit: 00006 Account: 1097906 Please send Remittance E-mail to: accounting@cagp-acpdp.org

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