



RETIREE MEMBERSHIP APPLICATION

Online Application: www.cagp-acpdp.org

Please use this form to join CAGP in the Retiree Membership category. This is an individual membership and is non-transferrable. To be eligible for the Retiree membership, applicants must be retired professionals, or 65 years of age or older, and have been a CAGP member in good standing for a minimum of 5 consecutive years prior to retirement.

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:	\$90 + HST
RESIDENTS OF AB, BC, SK, MB, QC, YK, NT, NU INCLUDES 5% GST	[] \$94.50
RESIDENTS OF ON INCLUDES 13% HST	[] \$101.70
RESIDENTS OF NS, NL, NB, PE INCLUDES 15% HST	[] \$103.50

(HST#870678299RT0001)

If you worked in the Private Sector, please select the appropriate professional category you worked in prior to retirement:	If you worked in the Charitable Sector, please select the sub-sector you worked in prior to retirement:
[] Accounting	[] Arts & Culture
[] Estate Planner	[] Environment
[] Financial Planner	[] Faith - based
[] Insurance	[] Health
[] Investment	[] International
[] Legal	[] University
Other:	[] Education
	[] Sport & Recreation
	Other:

Are you currently retired?

[] Yes	[] No
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Prior to retirement, were you a CAGP member in good standing for 5 consecutive years prior to your retirement?

[] Yes	[] No
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METHOD OF PAYMENT

[] VISA	[] MASTERCARD	[] EFT (Payment details below. Please note we are no longer receiving cheques.)
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: _____

*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
 E-mail: membership@cagp-acpdp.org