



CHARITY/NONPROFIT ORGANIZATIONAL MEMBERSHIP APPLICATION

Online Application: www.cagp-acpdp.org

Please use this form to join CAGP in the Charity / Nonprofit Organizational Membership category. This category is available to independently incorporated organizations interested in purchasing memberships for multiple staff in the same organization

- The minimum number of memberships is four.
- A single invoice will be issued to your organization.
- Memberships are transferable for internal staffing changes.
- All memberships will be adjusted to the same expiry date.
- If you are joining this in this category for the first time, please contact the National Membership Coordinator at membership@cagp-acpdp.org or 1-888-430-9494 x225 to determine transition process for existing CAGP members.

1. INFORMATION (individual to be invoiced)

First Name		Last Name	
<input type="text"/>		<input type="text"/>	
Organization		Title	
<input type="text"/>		<input type="text"/>	
Address	City	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email		Phone	
<input type="text"/>		<input type="text"/>	

2. PAYMENT INFORMATION (select the number of staff joining and fill out the member contact information on page 2 for each individual)

Please determine the amount of your membership based on the number of members and your province:	4 members \$1,000	5-10 Members + \$250 each	>10 Members + \$200 each
RESIDENTS OF AB, BC, SK, MB, QC, YK, NT, NU INCLUDES 5% GST	[] \$1050.00	[] \$262.50 x _____ Total = \$ _____	[] \$210.00 X _____ Total = \$ _____
RESIDENTS OF ON INCLUDES 13% HST	[] \$1130.00	[] \$282.50 x _____ Total = \$ _____	[] \$226.00 X _____ Total = \$ _____
RESIDENTS OF NS, NL, NB, PE INCLUDES 15% HST	[] \$1150.00	[] \$287.50 x _____ Total = \$ _____	[] \$230.00 X _____ Total = \$ _____

(HST#870678299RT0001)

3. SUB-SECTOR

Please select your organization's sub-sector:	
<input type="checkbox"/> Environment	<input type="checkbox"/> Social Services
<input type="checkbox"/> Faith-based	<input type="checkbox"/> International
<input type="checkbox"/> Health	<input type="checkbox"/> Education
<input type="checkbox"/> Arts & Culture	<input type="checkbox"/> Sport & Recreation
Other: <input type="text"/>	

4. METHOD OF PAYMENT

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> CHEQUE <small>(Payable to Canadian Association of Gift Planners)</small>
Cardholder Name: <input type="text"/>		
Card Number: <input type="text"/>		Expiry Date (mm/yy): <input type="text"/>

5. CAGP CODE OF ETHICS

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



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

6. CAGP MEMBER INFORMATION (Please duplicate the following page as needed for additional CAGP Members)

	Member 1	Member 2	Member 3
Name:			
Title:			
Email:			
Phone Number:			
Language Preference:	English [] French []	English [] French []	English [] French []
Please confirm your consent for electronic communications.	<input type="checkbox"/> Yes, I consent to CAGP sending me electronic communications. <input type="checkbox"/> No, I do not consent to CAGP sending me electronic communications.	<input type="checkbox"/> Yes, I consent to CAGP sending me electronic communications. <input type="checkbox"/> No, I do not consent to CAGP sending me electronic communications.	<input type="checkbox"/> Yes, I consent to CAGP sending me electronic communications. <input type="checkbox"/> No, I do not consent to CAGP sending me electronic communications.
	Member 4	Member 5	Member 6
Name:			
Title:			
Email:			
Phone Number:			
Language Preference:	English [] French []	English [] French []	English [] French []
Please confirm your consent for electronic communications.	<input type="checkbox"/> Yes, I consent to CAGP sending me electronic communications. <input type="checkbox"/> No, I do not consent to CAGP sending me electronic communications.	<input type="checkbox"/> Yes, I consent to CAGP sending me electronic communications. <input type="checkbox"/> No, I do not consent to CAGP sending me electronic communications.	<input type="checkbox"/> Yes, I consent to CAGP sending me electronic communications. <input type="checkbox"/> No, I do not consent to CAGP sending me electronic communications.
	Member 7	Member 8	Member 9
Name:			
Title:			
Email:			
Phone Number:			

Language Preference:	English [] French []	English [] French []	English [] French []
Please confirm your consent for electronic communications.	<input type="checkbox"/> Yes, I consent to CAGP sending me electronic communications. <input type="checkbox"/> No, I do not consent to CAGP sending me electronic communications.	<input type="checkbox"/> Yes, I consent to CAGP sending me electronic communications. <input type="checkbox"/> No, I do not consent to CAGP sending me electronic communications.	<input type="checkbox"/> Yes, I consent to CAGP sending me electronic communications. <input type="checkbox"/> No, I do not consent to CAGP sending me electronic communications.