



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 | |
| | | | |
| Organization | | Title | |
| | | | |
| Address | City | Province | Postal Code |
| | | | |
| Email | | Phone | |
| | | | |

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 \$1,120 | 5-10 Members + \$275 each | >10 Members + \$220 each |
|--|-------------------|--|--|
| RESIDENTS OF AB, BC, SK, MB, QC, YK, NT, NU INCLUDES 5% GST | [] \$1,176.00 | [] \$288.75 x _____ Total = \$ _____ | [] \$231.00 X _____ Total = \$ _____ |
| RESIDENTS OF ON INCLUDES 13% HST | [] \$1,265.60 | [] \$310.75 x _____ Total = \$ _____ | [] \$248.60 X _____ Total = \$ _____ |
| RESIDENTS OF NS, NL, NB, PE INCLUDES 15% HST | [] \$1288.00 | [] \$316.25 x _____ Total = \$ _____ | [] \$253.00 X _____ Total = \$ _____ |

(HST#870678299RT0001)

| | |
|---|---|
| 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: | |

3. SUB-SECTOR

4. METHOD OF PAYMENT

| | | |
|-------------------------------|-------------------------------------|---|
| <input type="checkbox"/> VISA | <input type="checkbox"/> MASTERCARD | <input type="checkbox"/> EFT <small>(Payment details below. Please note we are no longer receiving cheques.)</small> |
| Cardholder Name: | | |
| Card Number: | | Expiry Date (mm/yy): |

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.

*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

SIGNATURE



CAGP

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. |