



# RETIREE MEMBERSHIP APPLICATION

Online Application: [www.cagp-acpdp.org](http://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 <b>AB, BC, SK, MB, QC, YK, NT, NU</b> INCLUDES 5% GST	[ ] <b>\$94.50</b>
RESIDENTS OF <b>ON</b> INCLUDES 13% HST	[ ] <b>\$101.70</b>
RESIDENTS OF <b>NS</b> INCLUDES 14% HST	[ ] <b>\$102.60</b>
RESIDENTS OF <b>NL, NB, PE</b> INCLUDES 15% HST	[ ] <b>\$103.50</b>

(HST#870678299RT0001)

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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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:

## 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](mailto:accounting@cagp-acpdp.org)  
 Please return the completed application form by mail or email to:  
**Canadian Association of Gift Planners**  
 623 - 116 Lisgar St., Ottawa ON K2P 0C2  
 E-mail: [membership@cagp-acpdp.org](mailto:membership@cagp-acpdp.org)