



SMALL CHARITY/NONPROFIT ORGANIZATION MEMBERSHIP APPLICATION

Online Application: www.cagp-acdp.org

Please use this form to join CAGP in the Small Charity/Nonprofit Organizational Membership category. This membership is available to charities or incorporated nonprofit organizations which:

- Have an annual operating budget of less than \$1-million
- Have a fundraising department with less than two full-time equivalent staff
- Are not affiliated with a larger institution supporting their operations
- Identify one individual to be designated to receive the member benefits

INFORMATION

First Name		Last Name	
Organization		Title	
Address	City	Province	Postal Code
Email	Phone		Language Preference
			English <input type="checkbox"/> French <input type="checkbox"/>

Please select the appropriate amount based on your province of residence:

Membership Fee by province:	\$165 + HST
RESIDENTS OF AB, BC, SK, MB, QC, YK, NT, NU INCLUDES 5% GST	<input type="checkbox"/> \$173.25
RESIDENTS OF ON INCLUDES 13% HST	<input type="checkbox"/> \$186.45
RESIDENTS OF NS INCLUDES 14% HST	<input type="checkbox"/> \$188.10
RESIDENTS OF NL, NB, PE INCLUDES 15% HST	<input type="checkbox"/> \$189.75

(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:	

Please confirm your eligibility for this membership category

Charitable / Nonprofit Registration # :		
Does your organization have an operating budget of under \$1 million?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your organization have a fundraising department with fewer than 2 full-time equivalent employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your organization affiliated with a larger organization that supports your operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

METHOD OF PAYMENT

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> EFT* (Payment details below. Please note that we no longer receive 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.

*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

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