INSTITUTIONAL MEMBERSHIP APPLICATION FORM

To be considered by the CAP Membership Committee, please complete all of the following:

1. **Membership Listing:** Male [ ] Female [ ] Other [ ]

NAME:
TITLE:
COMPANY:
ADDRESS:

CITY/PROV./POSTAL CODE:
TELEPHONE: _____ FAX: _____ E-MAIL:
WEBSITE:
TYPE OF ORGANIZATION'S ACTIVITIES :

2. Organization: (if desired, attach a brochure or other applicable information to this form)

3. Purposes:
What are you most interested in getting from CAP? (please check more than one if appropriate):
[ ] Education
[ ] Professional Development
[ ] Business and Professional Contacts
[ ] Active Participation in CAP Activities
[ ] Other (please specify):

4. Level (see chart of categories for membership and benefit details):
[ ] Supporter: ($250)
[ ] Advocate: ($500)
[ ] Patron: ($1500)
[ ] Champion: ($2500)
[ ] Visionary: ($5000)

I WISH TO PAY THE FEE BY:

☐ cheque/money order (enclosed)

Payable to: CAP

Send to:
CAP, 300-11 Earl Grey Dr.
Suite 110
Kanata, ON K2T 1C1

☐ credit card ☐ EFT

Email your completed form to membership@cap.ca and an invoice with payment instructions will be sent to you.