

INSTITUTIONAL MEMBERSHIP APPLICATION FORM

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

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

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, Suite 112 McDonald Bldg.,
150 Louis Pasteur
Ottawa ON K1N 6N5

- Visa Mastercard

Card Number: _____

Expiry Date: _____

Name on Card: _____

Send by fax to 613-562-5615 or email to cap@uottawa.ca