



Associate Member Organization Application Form

Membership Type: 1 year - \$60 3 year - \$150

80% of your membership fee supports the activities of your local Chapter, 10% supports CPF's work at the Branch level and 10% goes to CPF National to partially cover processing costs.

Name of Organization:

Attn:

Address:

City:

Province:

Postal Code:

Phone Number:

Fax Number:

Email Address:

School Board:

Local CPF Chapter/Section:

Payment Method

Credit Card:

Cardholder's Name:

Credit Card No.:

Expiration Date: /

How many copies of the CPF newsletter do you wish?:



Payment Options

- Phone - Visa/MasterCard payment only: phone (613) 235-1481, extension 22 between 8:30 and 4.30 PM EST any business day with your MasterCard or Visa card number and expiry date.
- Fax - Visa/MasterCard payment only: fax a completed version of this form to (613) 230-5940.
- Mail - Visa/MasterCard or cheque or money order with a completed version of this form to: Canadian Parents for French , 176 Gloucester Street, Suite 310, Ottawa, ON K2P 0A6