

CPF MEMBERSHIP APPLICATION FORM

CPF allows one or two adults per family as voting members.

Renewal; Member #: |__|__|__|__|__|__|

New Membership Change of Address

Disclaimer: Please note that all content marked with an asterisk () is mandatory. CPF reserves the right to cancel any application that is missing mandatory information.*

MEMBER INFORMATION

I am applying as a*:

Family / Individual (Household)

For applicants registering as a household, please note that we do not require your child's name. Please apply under your own name. CPF members must be at least 18 years of age. You may register up to two members per household under one membership, though the second member must also be an adult.

Associate Member Organization (AMO)

First Name*: _____

Last Name*: _____

2nd Member First Name: _____

2nd Member Last Name: _____

Organization Name (if AMO)*: _____

Primary Contact Name (if AMO; first and last)*: _____

Street Address*: _____

(Organization address if AMO)

City*: _____

Province*: |__|__|__| Postal Code*: |__|__|__| |__|__|__|

Phone*: (|__|__|__|__|) |__|__|__|__| - |__|__|__|__|

Mobile: (|__|__|__|__|) |__|__|__|__| - |__|__|__|__|

Organization phone number if AMO

Email*: _____

Local CPF Chapter/Branch*: _____

School Board*: _____

School Name*: _____

(For household members, please enter the name of school(s) that your child(ren) attend(s).)

ABOUT MEMBERSHIP

To find out more about membership benefits and about AMO membership and its benefits please visit our website at www.cpf.ca.

MEMBERSHIP FEE

	(Household)	(AMO)
Best Value! 3 year	<input type="checkbox"/> \$60.00	<input type="checkbox"/> \$150.00
1 year	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$60.00
Donation	\$ _____	\$ _____
Total	\$ _____	\$ _____

1. Donations; Please designate to: Branch National Chapter

PAYMENT OPTIONS

Visa MasterCard Cheque Enclosed (payable to CPF)

Name on card (first and last)*: _____

Card #*: |__|__|__|__|__| - |__|__|__|__|__| - |__|__|__|__|__| - |__|__|__|__|__|

Expiry Date*: |__|__| / |__|__| / |__|__|__|__|

dd

mm

yyyy

Signature*: _____

I understand that the personal information collected on this form is for the purpose of forwarding various newsletters, mailings related to FSL matters and fundraising materials. My personal information will not be passed on to other organizations and will be stored in a private CPF database and may occasionally be used by CPF to disseminate third party messages.

Please mail completed form and payment to:

Canadian Parents for French | 310 - 176 Gloucester St. | Ottawa, ON | K2P 0A6

To complete the Membership Application Form online or for more information on CPF please visit our website at www.cpf.ca