

# Membership Application

Date: \_\_\_\_\_

(Please Print)

**CORRESPONDENCE:**             English                             French

Miss Mrs. Ms. Mr.	Surname	First Name		
Organization		Working Title		
Applicant's Address (this address will appear in your Chapter's Membership Directory)		Town/City		
Province	Postal Code	Telephone Number (      )	Fax Number (      )	E-mail Address Pref: Alt:

**PRIVACY INFORMATION: (If left blank, IPMA-Canada WILL provide this information)**

In accordance with IPMA-Canada's PRIVACY POLICY (see [www.ipma-aigp.ca](http://www.ipma-aigp.ca)) please complete the following:

- NO**, I do not want IPMA-Canada to provide me with event & newsletter notices, marketing & other membership info.
- NO**, I do not want my name, work address and e-mail address provided to other members of my Chapter for networking purposes (Membership Directory)
- NO**, I do not want IPMA-Canada to provide my name and mailing address to other organizations so that I can receive relevant HR professional development or HR information materials. No e-mail addresses will be provided.

**MEMBERSHIP (Alberta North Chapter)**

CATEGORY	FEES	Type:	New <input type="checkbox"/>	Renewal <input type="checkbox"/>
<input type="checkbox"/> Individual	<b>\$157.50</b>	Amount Enclosed	\$ _____	
<input type="checkbox"/> Certification	<b>\$210.00</b>	<input type="checkbox"/> Member Paid	<input type="checkbox"/> Employer Paid/Reimbursed	
<input type="checkbox"/> Student	<b>\$21.00</b>	Willing to hold Office	<input type="checkbox"/> Chapter	<input type="checkbox"/> National
		Willing to serve on Committees	<input type="checkbox"/> Chapter	<input type="checkbox"/> National
* All fees include GST				
** If exempt, GST exemption number: _____				
Visa <input type="checkbox"/> MC <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card #:		Expiry date: _____		
Signature: _____		GST Registration Number: R122916430		

**TYPE OF ORGANIZATION:**

- Federal Government     Provincial Government     Education     Municipal Government  
 Crown Corporation     Health Care Institution     Other (Please specify) \_\_\_\_\_

**PROFILE: (OPTIONAL)**

Please make cheque or money order payable to IPMA-Canada and forward to the address below along with Application Form.

**IPMA – CANADA**

National Office 20 Edwards Place, Mount Pearl, NL, A1N 3V5

Tel: 1-888-226-5002    Fax: 1-709-364-6824    E-Mail: [National@ipma-aigp.ca](mailto:National@ipma-aigp.ca)

AN AFFILIATE OF IPMA-HR