

# 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 (       ) Pre.	E-mail Address
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 (National Capital Region)**

CATEGORY	FEES	Type:	New <input type="checkbox"/>	Renewal <input type="checkbox"/>
<input type="checkbox"/> Individual	<b>\$141.25</b>	Amount Enclosed	\$ _____	
<input type="checkbox"/> Certified	<b>\$197.75</b>	<input type="checkbox"/> Member Paid	<input type="checkbox"/> Employer Paid/Reimbursed	
<input type="checkbox"/> Agency	<u>various</u>	Willing to hold Office		
<input type="checkbox"/> Student	<b>\$28.25</b>	<input type="checkbox"/> Chapter <input type="checkbox"/> National		
* All fees include HST		Willing to serve on Committees		
** If exempt, GST exemption number: _____		<input type="checkbox"/> Chapter <input type="checkbox"/> National		
Visa <input type="checkbox"/> MC <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card #: _____ Expiry date: _____				
Signature: _____			<i>GST Registration Number: R122916430</i>	

**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.

**INTERNATIONAL PERSONNEL MANAGEMENT ASSOCIATION – CANADA**  
**ASSOCIATION INTERNATIONALE DE LA GESTION DU PERSONNEL – CANADA**

National Office/Bureau Nationale 21 Midland Crescent – Unit 74, OTTAWA, ON K2H 8P6  
 Tel: (613) 226-2297 Fax: (613) 226-2298 Email: [National@ipma-aigp.ca](mailto:National@ipma-aigp.ca) Website: [www.ipma-aigp.ca](http://www.ipma-aigp.ca)

AN AFFILIATE OF IPMA-HR