

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 () Pref:	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) 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	\$141.25	Amount Enclosed	\$ _____	
<input type="checkbox"/> Certified	\$197.75	<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	\$28.25	<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: _____				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

AN AFFILIATE OF IPMA-HR