

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) 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 (Newfoundland and Labrador Chapter)

CATEGORY	FEES	Type: New <input type="checkbox"/> Renewal <input type="checkbox"/>
<input type="checkbox"/> Individual	\$152.55	Amount Enclosed \$ _____ <input type="checkbox"/> Member Paid <input type="checkbox"/> Employer Paid/Reimbursed
<input type="checkbox"/> Certified	\$209.05	Willing to hold Office
<input type="checkbox"/> Student	\$ 22.60	<input type="checkbox"/> Chapter <input type="checkbox"/> National Willing to serve on Committees <input type="checkbox"/> Chapter <input type="checkbox"/> National
* All fees must include HST		
** 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.

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 Website: www.ipma-aigp.ca

AN AFFILIATE OF IPMA