

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(Nova Scotia Chapter)

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------------|-----------------------------|
| CATEGORY | NS FEES (HST Incl.) | Type: New <input type="checkbox"/> Renewal <input type="checkbox"/> | Amount Enclosed \$ _____ |
| <input type="checkbox"/> Individual | \$143.75 | <input type="checkbox"/> Member Paid <input type="checkbox"/> Employer Paid/Reimbursed | |
| <input type="checkbox"/> Certified | \$201.25 | Willing to hold Office | |
| <input type="checkbox"/> Student | \$ 23.00 | <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 where applicable | | | |
| ** 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