

INSTITUTIONAL MEMBERSHIP APPLICATION FORM

To be considered by the CAP Membership Committee, please complete all of the following:

1. **Membership Listing:** [] Dr. [] Mr. [] Mrs. [] Miss
NAME: Other :
TITLE:
COMPANY:
ADDRESS:

CITY: PROV. : POSTAL CODE:
TELEPHONE: E-MAIL:
WEBSITE:
TYPE OF ORGANIZATION'S ACTIVITIES :

2. Organization: (if desired, attach a brochure or other applicable information to this form)

3. Purposes:
What are you most interested in getting from CAP? (please check more than one if appropriate):
 Education
 Professional Development
 Business and Professional Contacts
 Active Participation in CAP Activities
 Other (please specify):

4. Level (see [chart of categories](#) for membership and benefit details):
 Supporter: (\$250)
 Advocate: (\$500)
 Patron: (\$1500)
 Champion: (\$2500)
 Visionary: (\$5000)

Kindly email the completed form to membership@cap.ca and further instructions will be emailed.