

CPF MEMBERSHIP APPLICATION FORM

CPF allows one or two adults per family as voting members.

New Membership Renewal: Membership # _____ Change of Address

MEMBER INFORMATION

Name _____
First Member's Surname (Given name) Second Member's Surname (Given name)

Street _____ City _____

Province _____ Postal Code _____ Home Phone: (____) _____

Work Phone: (____) _____ Fax: (____) _____ E-mail: _____

School Board _____

School(s) _____

Local CPF Chapter/Section _____

I understand that the personal information collected on this form is for the purpose of forwarding various newsletters and other mailings related to FSL matters as well as fundraising materials. Occasionally, the CPF membership list may be made available to other groups/agencies to offer members special benefits or education-related information. Use of the list will be carefully regulated and only permitted under a contract specifying confidentiality and one-time authorization. **If you do not wish to receive mailings other than directly from CPF, please check this box:**

MEMBERSHIP FEES

BEST VALUE! 3 year - \$60.00 \$ _____
1 year - \$25.00 \$ _____
Donation* \$ _____
Total (No GST) \$ _____

65% of your membership fee supports the activities of your local Chapter, 25% supports CPF's work at the Branch Level and 10% goes to CPF National to partially cover processing costs.

DONATIONS: Your gift in support of CPF is welcomed and appreciated. All donations are important to us. However, due to cost, we will issue tax receipts in January of the following year only to donors who have made donations of more than \$10, unless a receipt for a lesser amount is specifically requested.

THANK YOU FOR YOUR SUPPORT! (CPF Charitable Reg. No. 11883 5131 RR0001)

For payment by: VISA MasterCard Cheque Enclosed

Name on card _____

Card # _____ Expiry _____

Date _____ Signature _____

Return this form with your BC Family French Camp payment to ensure prompt registration processing.