

IFPS-CANADA MEMBERSHIP APPLICATION

MR. <input type="checkbox"/>	MRS. <input type="checkbox"/>	MISS <input type="checkbox"/>	MS <input type="checkbox"/>	(PRINT IN BLOCK LETTERS)
LAST NAME			FIRST NAME	INITIAL
RESIDENTIAL ADDRESS		CITY/TOWN	PROVINCE	POSTAL CODE
MAILING ADDRESS (IF NOT AS ABOVE)		CITY/TOWN	PROVINCE	POSTAL CODE
E-MAIL ADDRESS				

MEMBERSHIP - PLEASE CHECK THE LENGTH OF MEMBERSHIP YOU WISH TO PURCHASE:

1 year - \$75.00 2 year - \$150.00 3 year - \$225.00

- Donations to this organization are not tax deductible for federal income tax purposes.

I WOULD ALSO LIKE TO MAKE A CONTRIBUTION OF:

\$25 \$50 \$100 \$500 Other \$ _____

BY ATTACHING PAYMENT I CERTIFY THAT I MEET THESE CONDITIONS OF MEMBERSHIP:

- I actively support the founding principles of **IFPS-Canada**

APPLICANT SIGNATURE:

PAYMENT INFORMATION

- I have made my cheque payable to the IFPS-Canada
- I am making this purchase with a credit card payment.

Please charge my credit card for: \$ _____

Type of credit card: Visa Mastercard AmericanExpress

Card Number: _____ Expiry Date: _____ / _____

Cardholder's Name: _____ Cardholder's Signature: _____