Membership Application Form

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

CPF Canadian Parents for French

☐ Renewal; Member #: ☐☐☐☐☐ ☐ New Membership ☐ Change of Address

Disclaimer: Please note that all content marked with an asterisk (*) is mandatory. CPF reserves the right to cancel any application that is missing mandatory information.

Member Information

I am applying as a*:

☐ Family / Individual (Household)
For applicants registering as a household, please note that we do not require your child's name. Please apply under your own name. CPF members must be at least 18 years of age. You may register up to two members per household under one membership, though the second member must also be an adult.

☐ Associate Member Organization (AMO)

First Name*: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Last Name*: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

2nd Member First Name: ☐☐☐☐☐☐☐☐☐☐☐☐ 2nd Member Last Name: ☐☐☐☐☐☐☐☐☐☐☐☐

Organization Name (if AMO)*: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Primary Contact Name (if AMO; first and last)*: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Street Address*: ☐☐
(Organization address if AMO)

City*: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Province*: ☐☐ Postal Code*: ☐☐☐☐☐☐

Phone*: (_____) _____ - _____ Mobile: (_____) _____ - _____
Organization phone number if AMO)

Email*: ☐☐
(Please note that we need a valid e-mail address to ensure you receive CPF communications)

Local CPF Chapter/Branch*: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ School Board*: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

School Name*: ☐☐
(For household members, please enter the name of school(s) that your child(ren) attend(s).)

About Membership

To find out more about membership benefits and about AMO membership and its benefits please visit our website at www.cpf.ca.

Membership Fee

		Family / Individual (Household)	Associate Member Organization (AMO)
BEST VALUE!	**3 year**	☐ **$60.00**	☐ **$150.00**
	1 year	☐ $25.00	☐ $60.00
	Donation[1]	☐ $ _____	☐ $ _____
	Total	$ _____	$ _____

1. Donations; Please designate to: ☐ ***National*** ☐ ***Branch*** ☐ ***Chapter***

Payment Options

☐ Visa ☐ MasterCard ☐ Cheque Enclosed (payable to CPF)

Name on card (first and last)*: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Card #*: ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ Expiry Date*: ☐☐ / ☐☐ / ☐☐☐☐
dd mm yyyy

Signature*: _____

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: ☐

Please mail completed form and payment to: Canadian Parents for French | 1104 - 170 Laurier Ave. W. | Ottawa, ON | K1P 5V5

To complete the Membership Application Form online or for more information on CPF please visit our website at www.cpf.ca