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

receive mailings other than directly from CPF, please check this box: \Box



R€	enewal; Member #:			New Member	ship			Chang	e of A	ddress	i	
Disclaimer: Ple	ase note that all content marked w	ith an asterisk (*) is man	datory. CPF re	eserves the rigi	ht to cancel	l any applica	tion that is	missing	manda	itory in	format	tion.
Member Inf I am applying												
Fo ch 18	amily / Individual (Household) r applicants registering as a househol ild's name. Please apply under your o years of age. You may register up to embership, though the second membe	wn name. CPF members two members per househ	must be at leas			Associate M	lember O	ganizati	on (AN	ЛO)		
First Name*: [Last Name*	:		ш			ш		Ш
2 nd Member	First Name:			2 nd Member La	ast Name:							Ш
Organization I	Name (if AMO)*:									Ш		Ш
Primary Conta	act Name (if AMO; first and last)*:											Ш
Street Address (Organization ad							Ш			Ш		Ш
City*:				Province*:			Postal (Code*: L		ш		Ш
Phone*: (one number if AMO)			Mobile: ()					-		
Email*:	at we need a valid e-mail address to e	nsure you receive CPF co	mmunications)	<u> </u>						Ш		Ш
Local CPF Ch	apter/Branch*:			School Board	*:							
School Name (For household	*:	chool(s) that your child(ren					1 1 1			<u> </u>		Ш
About Mem	bership											
To find out mo	ore about membership benefits a	nd about AMO membe	ership and its	s benefits plea	ise visit ou	r website a	t www.cpf	.ca.				
Membershi	p Fee											
		Family / Individual (F	•	A	ssociate N	Member Or	ganizatio	n (AMO))			
BEST VALUE!	3 year	☐ \$60.0	00				\$	150.00				
	1 year	\$25.0	00				□ \$	60.00				
	Donation ¹	\$					\$;		_		
	Total	\$					\$;		_		
1. Donations;	Please designate to:	National		Branch			Chapter					
Payment O	ptions											
☐ Vi:	sa	MasterCar	rd				Cheque E	nclosed	(paya	ble to	CPF)	
Name on care	d (first and last)*: [_ _											Ш
Card #*:		- -			Ex	kpiry Date*:	dd	/	/ n	Ш	уууу	Ш
Signature*:												
	the CPF membership list may be will be carefully regulated and c											

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