

Institutional Membership Application

I wish to apply for Institutional Membership.

Membership Fee

Institutional Membership carries a \$300 one-time fee.

Institutional Information

Full Legal Name of Institution

Address (Street)

City Province Postal Code

Phone Fax

Email

List of Supporting Documents that accompany application

1)

2)

3)

4)

Confirm and sign to complete application

I consent to listing the name of this institution as a member on the CAPT site.

I have read and agree to adhere to the CAPT Code of Ethics as an institutional member.

Please invoice me when or \$300 Fee enclosed
my application is accepted.

Authorization Signature Date

Please remit your hard copy form and cheque (if applicable), payable to CAPT.
Mail to: CAPT Membership PO Box 1169, 2255B Queen St. East, Toronto, ON M4E 1G3

Thank you for your interest in joining CAPT!