



The Canadian Association of Principals
CAP Membership Application Form

General information:

Name: _____

Business: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Billing Address: Same as above ____

Type of Membership: (Please circle membership type)

Associate Membership (Individual) \$20 annually, includes 3 issues of the CAP Journal.

Non-Profit Membership \$50 annually, includes 2 copies of 3 issues of the CAP Journal.

Corporate/Institutional Membership \$100 annually, includes 5 copies of 3 issues of the CAP Journal.

Signature: _____ Date: _____

Please mail or fax to:

Canadian Association of Principals

300 Earl Grey Drive, Suite 220, Ottawa, ON K2T 1C1

Tel: 613-622-0346 Fax: 613-622-0258 Email: cap@bellnet.ca

For Office Use Only:

Date: _____

Membership/Subscription Started: Volume: ____ Issue: ____