



ASSOCIATE MEMBERSHIP (AMO) APPLICATION

Corporation / Organization

Organization _____

Address _____

City/Town _____ Province _____ Postal Code _____

Telephone (____) _____ Facsimile (____) _____

Contact Name _____ eMail _____

School Board _____

Local CPF _____

Chapter/Section _____

MEMBERSHIP FEE

ANNUAL FEE: \$60.⁰⁰

Donation: \$_____

New

Renewal: Membership#: _____

Change of Address

Number of Newsletters required: _____

(maximum=10, all mailed to the above address)

METHOD OF PAYMENT

CHEQUE / MONEY ORDER

MASTERCARD

VISA

PAYMENT OPTIONS

Credit Card: Mail or fax a completed Associate Membership (AMO) Application to **CPF-NS** at the below address or phone during regular business hours: Monday-Friday 8:30am to 4:30pm

Cheque/Money Order: Mail a completed Membership Application to **CPF-NS** along with your payment to the below address.

cc #: _____

cc expiry date: ____/____

Name on card: _____

65% of the membership fee supports the activities of your local Chapter
25% supports CPF's work at the Branch level
10% for CPF National to partially cover processing costs

Signature: _____

Canadian Parents for French - Nova Scotia
8 Flamingo Drive, Halifax, NS, B3M 4N8

Telephone: (902) 453-2048

Toll Free: 1 (877) CPF-5322

Facsimile: (902) 455-2789