



Canadian Association of Principals Membership Application

Application Date: _____

Name: _____

Address: _____

E-Mail (Business): _____ Alternate: _____

Phone (Daytime): _____ Mobile: _____

School (Full Membership Only): _____

Affiliate Organization: _____

Current Position: _____

Annual Fee Due: **\$150.00** Credit Card Cheque

Credit Card: Visa Mastercard AMEX

Card Number: _____ Expiry Date (mm/yy): _____ CSV (3 or 4 digits): _____

Postal Code (Billing address): _____

Name (Cardholder): _____ Signature: _____ Date: _____

Once you've downloaded this file, open it up (using Adobe Acrobat or another similar software program), fill it out, re-save the PDF, and send it to us at donna@mzpinc.ca.