

APPLICATION FORM - SUSTAINING MEMBERSHIP

Personal information

First name:

Last name:

Email:

Language:

Salutation: Mr. or Mrs.

Date of birth:

Telephone:

Address:

Suite:

City:

Province:

Postal code:

Professional information

Name of employer:

Department:

Email:

Telephone:

Extension:

Fax:

Address:

Suite:

City:

Province:

Postal code:

I am unemployed

Address of reception

At which address do you wish to receive correspondence from CAP?

Personal

or

Professional

General information

How did you hear about CAP's existence (please indicate the name of the person if he or she is a member of CAP)

I hereby fulfill the conditions of accession of the membership category for which I am applying for membership and, in the event that I am accepted as a member, I agree to be bound by the code of conduct in place. I also consent to the use and disclosure by CAP of my personal information, as required by CAP from time to time.

I authorize CAP to disclose some of my personal information to its partners.

I agree to receive emails from the Canadian Association of paralegals (CAP).

CAP c/o Mrs. Subirana

2606 Adhémar-Raynault avenue

L'Assomption, Quebec J5W 0E1

Fax: 450-499-5496

info@caplegal.ca

Method of payment :

- Check by mail
- Credit card, use this document by fax or email: <https://caplegal.ca/wp-content/uploads/2018/01/PAYMENT-BY-CREDIT-CARD-2018.pdf>