

**Commonwealth
Association
for Public
Administration
& Management**

MEMBERSHIP FORM

Individual Membership: \$140 USD

Institutional Membership: \$3300 USD

**Please send your completed form to Ada Wong, Manager,
Membership & Communications at awong@capam.org or
fax to 416-920-6574.**

PERSONAL INFORMATION:

() Mr. () Mrs. () Ms. () Dr. () Other (please specify) _____

First Name: _____

Last Name: _____

Job title: _____

Department: _____

Organization: _____

Mailing Address: _____

City: _____ Postal Code: _____ Country: _____

Email: _____ Telephone: _____ Fax: _____

MEMBERSHIP FEES:

CAPAM Individual Membership: () \$140 USD

CAPAM Institutional Membership: () \$3300 USD

Retired/Student Membership Rate: () \$70 USD

METHOD OF PAYMENT:

() Credit Card () Electronic transfer *contact CAPAM for information () Int. Money Order

() Visa () MasterCard

Card #: _____

Expiry date: _____

Signature: _____