



Membership Application

Applicant Information

Full Name: _____ Birth Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City Province Postal Code

Phone: _____ Email: _____

Are you a citizen or permanent resident of Canada? YES NO

Membership Start Date: _____

Referral

Please list two Executive Members that have referred this application:

1. _____
2. _____

Employment

Profession: _____ Job Title: _____

Company: _____ Phone: _____

“Provide a social and intellectual environment that allows lifelong learning, strong networking, high quality local and international education scholarships to Palestinian students worldwide through various donation programs”.

I accept the mission statement above, and the goals and objectives of CPPF.

Please print, sign, and attach a cheque of \$1200 to the application and mail it to:
3348 ERIN CENTRE BLVD
MISSISSAUGA ON
L5M 8C3

Signature: _____ Date: _____