CANADIAN PALESTINIAN
PROFESSIONAL FOUNDATION

Student 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: _____

University/College Information

_____ _____
Current Institution: *Address:*

_____ _____
Name of Program: *Duration of program:*

_____ _____
Years attended, From: *To:*

☐ Degree ☐ Diploma ☐ Certificate ☐ Other _____

Are you interested in becoming a volunteer with CPPF? ☐ Yes ☐ No

If YES, we will place you on the volunteer list for possible contact by a task that needs volunteers.

Student Member Ship - Fee

Any Canadian Palestinian student enrolled in a University/College across Canada as an undergraduate or graduate student is eligible for CPPF Student Membership.

CPPF Mission: *"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 $100 to the application and mail it to:
3348 ERIN CENTRE BLVD
MISSISSAUGA ON
L5M 8C3

Signature: _____ Date: _____