



## Full 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: \_\_\_\_\_

Email: \_\_\_\_\_

*“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 CPPF* and mail it to:

3-3055 Dundas St W Suite 126,  
Mississauga, ON L5L 3R8  
Canada

Signature: \_\_\_\_\_ Date: \_\_\_\_\_