



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: _____

Referral

Please list two Executive Members that have referred this application:

1. _____
2. _____

Educational Institute

Institution: _____ Major: _____

Graduation Year: _____ 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 \$120.00 to *The CPPF* and mail it to:

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

Signature: _____ Date: _____