



Mail completed form with payment to:
1 - 43 Howard Avenue, Elmira, ON N3B 2C9
OR apply online at cccc.org/membership

Any professional organization with a clientele of charities may join CCCC as a professional associate by completing and submitting this application and affirmation as well as the annual fee of \$770. CCCC Membership is based on the calendar year. If an organization becomes a professional associate part way through the year, the annual rate is pro-rated.

Date of Application			Name of Firm or Organization		
Type of Profession or Service			Website		
Street Address					
Mailing Address (if different from above)				Organization's Email	
City	Province	Postal Code	Telephone	Fax	
I heard about CCCC Membership from:					

ANNUAL REVENUE

I enclose my 2024 payment for a professional associate membership with CCCC.

PAYMENT INFORMATION

I will pay by: VISA Mastercard Amex Cheque

	/	
Card #		Expiry Date

Name of Cardholder (please print)	Signature

ORGANIZATION CONTACT:

Administrator* Contact Name	
Position	Your Unique Email Address (this will be your personal login)
My Areas of Specialty for Charities	<input type="checkbox"/> Please add my name, firm, website, email, and phone # to the CCCC website

*As the administrator for your organization, you are automatically assigned as the billing contact. Once you set up your individual login on the CCCC website (cccc.org/indiv-login), you will be able to add other individuals and reassign those contact types to other people within your organization.

We understand that affiliate membership does not entitle us to use the CCCC logo or the CCCC Accredited Member logo, which is reserved exclusively for CCCC Accredited members.

Name of Authorized Signing Officer (Please Print)	Position
Signature of Authorized Signing Officer	Date