

CCCC Professional Associate Application

Mail completed form with payment to: **PO Box 335, STN Waterloo, Waterloo, ON N2J 4A4** 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 \$810. 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

PAYMENT INFORMATION

I enclose my 2025 payment for a professional associate membership with CCCC.

| 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 | □ 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 | | | | | |