



MEMBERSHIP FORM

Name: _____

Rank/Title: _____

Affiliation: _____

Contact Address: _____

Email: _____

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> \$25 | Graduate Member - Annual Membership |
| <input type="checkbox"/> \$100 | Graduate Member 5-year Membership |
| <input type="checkbox"/> \$500 | Graduate Member Life Membership |
| <input type="checkbox"/> \$150 | Foundation Member Annual Membership |
| <input type="checkbox"/> \$500 | Foundation Member 5-year Membership |
| <input type="checkbox"/> \$1000 | Foundation Member Life Membership |
| <input type="checkbox"/> Greater than \$1000 | Officer of the Foundation |

*Please email your Membership form to info@cfcollegefoundation.ca.
Once received, we will send you an invoice. You can then either pay online or send a cheque.*

Charitable receipts will be issued and mailed to the above address.

Thank you for your support of the Foundation and its mandate to support the College.
We welcome supporting you as a global security professional.

We do not disclose or share your personal information. All information will be used to maintain contact with you including to provide you with information about activities directly related to or associated with the Foundation, and all in accordance with the Foundation's privacy policy.

October 2017