



*Canadian Association of Professional Speakers*

300-1370 Don Mills Road, Toronto, ON M3B 3N7

Phone: 416-847-3355 Toll Free: 1-877-847-3350 Fax: 416-441-0591

E-mail: [info@canadianspeakers.org](mailto:info@canadianspeakers.org) Web-site: [www.canadianspeakers.org](http://www.canadianspeakers.org)

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## **CAPS Application for *Membership***

*This application must be accompanied by supporting documentation.*

Mr. Mrs. Ms. Dr. \_\_\_\_\_

Full Name

Company Name (if applicable) \_\_\_\_\_

\_\_\_\_\_  
Street Address City Province Postal Code

\_\_\_\_\_  
Mailing Address (if different from above)

\_\_\_\_\_  
Phone Number Fax Email Address

*Please indicate Membership Level:*

- Professional:** I have completed a minimum of 20 fee paid engagements in the last 12 months, **OR**, I have earned a minimum of \$25,000 in speaking income within the last 12 months, **OR**, I have given at least 20 presentations to a live audience as part of a salaried position within the 12 months prior to application.
- Candidate:** I have earned income from a minimum of 10 fee paid engagements in my lifetime. I understand I can remain in this category for 24 months **ONLY** before having to qualify for professional membership.
- Supplier:** Any individual or company who is a Speakers Bureau or a Supplier of materials, equipment or services to Professional Speakers, or the Professional Speaking Industry.
- Ex-Patriate:** Must be a Canadian citizen living abroad who has a direct membership in one of the other International Federation member associations and must meet the **CAPS** criteria for a Professional Member. Please complete the Professional Member Presentation Verification forms.



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As part of this Application process, I certify that I have read and meet the criteria as explained in the **CAPS** Glossary as attached to this application form.

I hereby certify that I have read and will abide by the **CAPS** Code of Ethics as attached to this application form.

Membership Fee: \$475.00

Initiation Fee: \$150.00

\* You will receive a \$100 voucher for use towards the registration fee at an upcoming **CAPS** Convention

GST (#887865129) \$31.25 (FOR CAL / EDM / MAN / MTL / SASK / CHAPTERS)

HST (#887865129) \$81.25 (FOR HAL / OTT / SWO / TOR / VAN CHAPTERS)

Total Payable:

\$656.25

\$706.25

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Method of Payment:  Cheque  AMEX  VISA  MasterCard

**\*\*Cheque payable to: CAPS**

Card Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/ Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
Cardholder Name (Please print as it appears on the card)

\_\_\_\_\_  
Cardholder Signature

*Membership in the Canadian Association of Professional Speakers is non-transferable and non-refundable.*

The **CAPS** Chapter I wish to be affiliated with is: \_\_\_\_\_

**Vancouver, Edmonton, Calgary, Saskatchewan, Manitoba, Southwestern Ontario, Toronto, Ottawa, Montreal, Halifax, Virtual (no local Chapter)**

I was referred to **CAPS** by: \_\_\_\_\_



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**Presentation Verification Form - Professional Member Category**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

The Professional member must have earned income from a minimum of 20 fee paid engagements in the last 12 months. Please list 20 fee-paid professional speaking engagements on this Presentation Verification form. Verification of each speaking engagement listed must be received with this completed form. Verification documents may be in the form of program documents (marketing brochures, attendance lists, print ads for the program, program evaluations etc), testimonial letters, contract copies or tax returns showing speaking income. **OR** The Professional member must have earned a minimum of \$25,000 in professional speaking income during the preceding 12 months. Verification of this income must be received in the form of invoices, contract copies or tax returns showing speaking income. **OR** The Professional member must have made a minimum of 20 presentations to a live audience as part of a salaried position within the preceding 12 months.

<i>Date of Presentation</i>	<i>Criteria A Client Name</i>	<i>Criteria B Amt Rec'd</i>	<i>Type of Documentation Provided</i>
1.		\$	
2.		\$	
3.		\$	
4.		\$	
5.		\$	
6.		\$	
7.		\$	
8.		\$	
9.		\$	
10.		\$	
11.		\$	
12.		\$	
13.		\$	
14.		\$	
15.		\$	
16.		\$	
17.		\$	
18.		\$	
19.		\$	
20.		\$	



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*Presentation Verification Form - Candidate Member Category*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

The *Candidate* member must have earned income from a minimum of 10 fee paid engagements with no time limit. The Candidate understands they can remain in this category for 24 months before having to qualify for the Professional or Supplier categories, or return to guest status at their local chapter.

Please list your fee-paid professional speaking engagements on this Presentation Verification form. Verification of each speaking engagement listed must be received with this completed form. Verification documents may be in the form of program documents (marketing brochures, attendance lists, print ads for the program, program evaluations etc), testimonial letters, contract copies, or tax returns showing speaking income.

If you have any questions concerning the application process, please call the **CAPS** National Office at 416-847-3355 or 1-877-847-3350.

<i>Date of Presentation</i>	<i>Client Name</i>	<i>Type of Documentation Provided</i>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		