



MEMBERSHIP FORM

Personal Information

Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>		
Name:		
Address:		
Work:	Home:	
Email:		
Work:	Home:	
Telephone:		
Work:	Home:	Mobile:
Fax:		
Work:	Home:	
Preferred Language: English <input type="checkbox"/> French <input type="checkbox"/> Spanish <input type="checkbox"/>		
Other:		
How do you prefer to be contacted? Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/>		

Professional Background

Professional Expertise:
<input type="checkbox"/> Are you willing to be contacted to share your expertise?
Specify which parliament you represent and if you are from the upper or lower house (if applicable):

Terms/Years as Member of Parliament:
Parliamentary Committees Served in:
Previous anti-corruption involvement and experience:

Please Submit the Form to:

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