

NEW APPLICATION

RENEWAL APPLICATION

A. ORGANIZATION/GROUP INFORMATION

GROUP LEGAL NAME:		
ADDRESS:	CITY:	POSTAL CODE:
ORGANIZATION PHONE #:	ORGANIZATION EMAIL ADDRESS:	

B. CONTACT INFORMATION (SIGNING OFFICER)

LAST NAME:	FIRST NAME:
EMAIL ADDRESS:	
HOME PHONE #	ALT PHONE #

C. CRITERIA CHECKLIST (PLEASE COMPLETE IN FULL)			
	Criteria	Response	
1.	Volunteer Group	Yes	No
2.	Recognized Non-Profit Group by the Province of Ontario	Yes	No
3.	Brampton Based Group	Yes	No
4.	Democratic Principles (e.g. annual general meeting etc.)	Yes	No
5.	Majority of voting members on Executive are Brampton residents/rate payers	Yes	No
6.	Membership open to all residents/ratepayers of Brampton	Yes	No
7.	Deliver recreation services geared primarily to Brampton residents/rate payers	Yes	No
8.	Group liability insurance coverage (please attach a copy)	Yes	No
9.	Constitution and By-laws (please attach a copy)	Yes	No
10.	Minutes of Group's Executive Annual or Special Membership Meetings (please attach a copy for current year)	Yes	No
11.	Proposed budget for upcoming season (please attach a copy of this is first season of operation)	Yes	No
12.	Financial Statements/Budget (please attach a copy for current year)	Yes	No
13.	Executive List with addresses and phone numbers	Please attach	
14.	Participant List	Please attach	
15.	Activity Schedule	Please attach	

D. AFFILIATION TERMS AND CONDITIONS

On behalf of the community group listed above making the application for "Affiliation" to the City of Brampton, I would like to confirm that our executive has reviewed and discussed the "Community Group Affiliation Policy" and understand the terms and conditions by which we must comply.

Attached please find my group's requested documents as per the Criteria Checklist (Section C:) required to help facilitate the processing of this application.

As a recognized signing officer for the group listed above, I have indicated my group's intention to become affiliated with the City of Brampton through my signature on this application form.

 Signing Officer's Signature

 Date (mm/dd/yy)

Date received:	For office use only Documentation Completed:	Date of Notification:
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