

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	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Recognized Non-Profit Group by the Province of Ontario	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Brampton Based Group	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Democratic Principles (e.g. annual general meeting etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Majority of voting members on Executive are Brampton residents/rate payers	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Membership open to all residents/ratepayers of Brampton	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Deliver recreation services geared primarily to Brampton residents/rate payers	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Group liability insurance coverage (please attach a copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Constitution and By-laws (please attach a copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Minutes of Group's Executive Annual or Special Membership Meetings (please attach a copy for current year)	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Proposed budget for upcoming season (please attach a copy of this is first season of operation)	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Financial Statements/Budget (please attach a copy for current year)	<input type="checkbox"/> Yes <input type="checkbox"/> 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)

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