



UCC-APC MEMBERSHIP APPLICATION FORM

Annual Membership fee: \$125

Organization name _____
Address _____ City _____ Province **Alberta** _____
Postal Code _____ Email _____
Phone (____) _____ Fax (____) _____ Website _____

Is your organization a registered nonprofit?

- Yes
 No

If yes, Provincial (Alberta Corporate Registry) non profit number _____ OR
Federal (Canada Corporate Registry) Non profit number _____
If your organization is incorporated as a society, please specify the name of Act of Legislation (e.g. Education,
Health) _____, and provide a nonprofit number _____

Date of formation _____ **Date of incorporation** _____

Mission and objectives of your organization:

Membership in Ukrainian community organizations: _____

Number of members: a) individuals ____ b) organizations (if applicable) ____ Membership fee \$

Organization's sources of funding (check all applicable):

- Donations
 Membership fees
 Casino proceeds
 Grants
 Other _____

Publications (e.g. journal, newsletter, electronic bulletin): _____

Executive Members:

President _____ phone _____ e-mail _____

Vice President _____ phone _____ e-mail _____

Secretary _____ phone _____ e-mail _____

Treasurer _____ phone _____ e-mail _____

President (signature) _____

Date _____