

AGENCY REGISTRATION / CHANGE FORM

Agency ID: _____ DATE: _____
(office use only)

AGENCY NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ P/C: _____

PHONE: _____ E-MAIL: _____

FAX: _____ WEBSITE: _____

AGENCY'S EXECUTIVE DIRECTOR: _____

KEY CONTACT Y N PHONE/E-MAIL: _____

FULLTIME STAFF PART TIME STAFF VOLUNTEER

AGENCY'S VOLUNTEER COORDINATOR: _____

KEY CONTACT Y N PHONE/E-MAIL: _____

FULLTIME STAFF PART TIME STAFF VOLUNTEER

AGENCY'S CONTACT NAME: _____

KEY CONTACT Y N PHONE/E-MAIL: _____

FULLTIME STAFF PART TIME STAFF VOLUNTEER

BRIEF DESCRIPTION OF MANDATE / PURPOSE / SERVICES: _____

Are you:

Registered Non-profit? Y N Registered charity? Y N Number: _____

United Way agency? Y N Other? _____

Membership renewal rates are set annually and invoiced in the last quarter, payment due by 31 December.