



Affiliate Agency Membership Application

DATE: _____

PRIMARY ORGANIZATION CONTACT INFORMATION

Organization Affiliated with: _____

Contact: _____ Phone: _____

Not-for-Profit Charitable Registration #: _____

AFFILIATE CONTACT INFORMATION

Organization: _____

Manager of Volunteers: _____ Email: _____

Street: _____ City: _____ Postal Code: _____

Phone: _____ Fax: _____

Website: _____

Executive Director/Equivalent: _____ Email: _____

Board Chair: _____ Email: _____

PROGRAM OVERVIEW

Individual Responsible for Volunteers: Paid Unpaid/Volunteer

Full Time Part Time

Number of Paid Staff: _____ Approximate Number of Volunteers: _____

Serving: City of Guelph &/or Wellington County Other _____

* Please attach: a. Mission Statement b. List of services volunteers provide

I have read the Agency Membership Package & Affiliate Membership Policy and agree to the expectations set forth within the Agency Membership Agreement.

Affiliate's Signature: _____

Primary Member's Signature: _____

Affiliate Agency Membership Fee: \$85.00* due annually in April

Please complete and return to Volunteer Centre of Guelph/Wellington with payment (cash or cheque only):

**46 Cork Street East, Unit 1
Guelph ON N1H 2W8
Tele: 519-822-0912 or 1-866-693-3318**