

**COMMUNITY GROUP AFFILIATION PROGRAM  
GROUP DESIGNATION APPLICATION FORM**



Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Month Day

Name of Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Organization Telephone Contact #: (\_\_\_\_) \_\_\_\_\_

Website: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone #'s: Home: (\_\_\_\_) \_\_\_\_\_ Business: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Cellular: (\_\_\_\_) \_\_\_\_\_

Date of Not-for-Profit Incorporation, Charter Membership, or Charity Registration:  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Month Day

Not-for-Profit Incorporation  Charter Membership  Charity

Total # of Current members/participants: \_\_\_\_\_

Total # of Ajax resident members/participants within your organization: \_\_\_\_\_

Overall percentage of Ajax members/participants: \_\_\_\_\_%

Date of last Annual General Meeting: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Month Day

Date most recent annual financial statement approved by membership:  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Month Day

Most recent approval and/or amendment date for Constitution and by-laws or operating procedures:  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Year Month Day

Percentage of government funding for most recent years annual operating budget:  
\_\_\_\_\_%

Personal information contained on this form is collected under the authority of the Municipal Act 2, 8 and 10, and will be used for the Community Group Affiliation Program. Questions on the collection of personal information should be directed to the Records Manager/FOI Co-ordinator, Legislative and Information Services, 65 Harwood Avenue, South, Ajax, ON, L1S 2H9, (905) 619-2529, ext. 3343. The undersigned has read, understood and agrees to be bound by the Town of Ajax Community Group Affiliation Policy. Your signature consents that the personal information released has been authorized by the individuals identified in the application in addition to its requirements to provide further information concerning the operation or status of your organization upon request. The person(s) signing the application must be a person authorized by the organization to do so and such person, when asked, shall produce such authorization in writing.

Print Name: 1. \_\_\_\_\_ Position: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: 2. \_\_\_\_\_ Position: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail your original application form and copies of the required documentation to:

**Please attach a copy of the following:**

- Mission statement and Mandate of the Organization (as updated)
- Articles of Incorporation or Charter Membership and/or Confirmation of Registration Letter verifying charitable status (initial application only)
- A Community Group incorporated for less than two years must also include an overview of the process used to assess the need for their program or service (initial application only)
- List of Board of Directors and/or Executive Committee including names, addresses and telephone numbers (annual)
- Constitution & By-laws and/or operating procedures (as updated)
- A current membership/participant list including names and addresses (annual)
- Certificate of Insurance naming Ajax as an additional insured (annual)
- A schedule of all programs and services (annual)
- Provincial or National Governing Body letter(s) of agreement(s), (if applicable and as updated)
- A sample of marketing material that provides an overview of organizations' programs and services (initial application only, if applicable)

Please mail your original application form and copies of the required documentation to:

Attention: Facility Booking Office  
Town of Ajax Recreation & Culture  
65 Harwood Avenue South  
Ajax, Ontario L1S 2H9

Application packages may be dropped off at:  
Ajax Community Centre  
1<sup>st</sup> Floor Registration Desk  
Attention: Facility Booking Office, Recreation & Culture  
75 Centennial Road