volunteer centre of guelph/wellington
Volunteering - *Invaluable*

# Affiliate Agency Membership Application

DATE: _____

## PRIMARY ORGANIZATION CONTACT INFORMATION

Organization Affiliated with: _____

Contact: _____ Phone: _____

□ Not-for-Profit □ Charitable Registration #: _____

## AFFILIATE CONTACT INFORMATION

Program/Department/Committee: _____

Primary Contact: _____ Email:_____

Street: _____ City: _____ Postal Code: _____

Phone: _____ Fax: _____

Website: _____

Committee 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/Vision 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 Member's Signature: _____

Primary Member's Signature: _____

**Affiliate Agency Membership Fee: $75.00 due annually each April.**

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

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