

Application for Charitable Organizations

Charitable Fund-raising Act

Completed form must be submitted to an Alberta Registry Agent.

1.	Name of Organization					
2.	Incorporated Name of Organization (if different from Organization)					
3.	Incorporation Number (if applicable)	Telephone Numbe	Telephone Number		Fax Number	
4.	Address of Organization	City	Provinc	<u>e</u>	Postal Code	
5.	Mailing Address (if different from above)	City	Provinc	е	Postal Code	
6.	Address of Head Office (if applicable)	City	Provinc	e	Postal Code	
7.	Name of Applicant (last, first, initials) (must be individual with signing authority	()	Date of Birth	າ (year/month/day)	
	Position Held in Organization	Telephone Numbe	er .	Fax Number		
8. L	ist the branches or chapters and addresses (attach an extra pag	e if necessary):		I		
	Name of Chapter		Addres	SS		
Э. І	dentify the objectives of the organization or the purpose of the	charitable fund raising (atta	ch an extra _l	page if necessa	ry):	
0.	Financial year of organization in which fund raising activities wi	ll occur (maximum 12 months))		_	
	Has the applicant, any director, officer or manager of the organ country:	ization in the last five years	, under the Yes	laws of any p	province, state	
a	been convicted of an offence (excluding traffic violations) under any criminal law or other law in force for which a pardon has not been granted?					
b	been the subject of bankruptcy or receivership proceedings?					
c	been the subject of a court judgement or writ, or failed to satisfy a judgement or writ?					
C) had a business licence or registration refused, suspended o	r cancelled?				
e	 been engaged in any business as an owner, partner or director an action under the Unfair Trade Practices Act or the Fair 					
	f the answer is Yes to any of these questions, please provide of	complete details (attach an e.	xtra page if i	necessary):		

AUTHORIZATION FOR CRIMINAL RECORD CHECK

To be completed by all directors, officers or managers with signing authority other than the applicant. Individuals with signing authority must sign and provide their date of birth.

I authorize Alberta Government Services to obtain a criminal record check during the time of application, or period of registration granted pursuant to this application and any renewals.

(Attach an extra page, if necessary)						
Name (PRINT)	Date of Birth (year/month/day)					
Title (PRINT)	Signature					
Address						
Name (PRINT)	Date of Birth (year/month/day)					
Title (PRINT)	Signature					
Address						
Name (PRINT)	Date of Birth (year/month/day)					
Title (PRINT)	Signature					
ddress						
LIST ALL OTHER DIRECTORS AND OFFICERS OF THE ORGANIZATION To be completed for all directors and officers not listed above. (Attach an extra page, if necessary) Name (PRINT)						
Title (PRINT)						
Address						
Name (PRINT)						
Title (PRINT)						
Address						
Name (PRINT)						
Title (PRINT)						
Address						
NOTE: A Credit Bureau check may be done in conjunction with this application.						
WARNING: A false declaration constitutes a criminal offence and is punishable by law. Any application containing false material may result in the refusal, suspension or cancellation of the licence.						
I make application for registration as a charitable organization and authorize Alberta Government Services to undertake a criminal record check in connection with this application and any renewals.						
STATUTORY DECLARATION	Signature of Applicant (Must be person identified in No.7)					
I solemnly declare that the information provided by me on this application is true, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.						
DECLARED before me at the City of , Alberta, dated ,	Signature of Applicant Date (Must be person identified in No.7)					
A Commissioner for Oaths in and for the Province of Alberta	ame of Commissioner (please PRINT) Fyniry Date					

This information is being collected for the purposes of determining suitability of organizations, principals, officers and directors to make solicitations or deal with contributions in accordance with the Charitable Fund-raising Act. Questions about the collection of this information can be directed to Alberta Government Services, Administrator of the Charitable Fund-raising Act, 3rd Floor, Commerce Place, 10155 - 102 Street, Edmonton, Alberta T5J 4L4, 427-5210 (Outside of Edmonton, call 310-0000 to be connected toll free).