

SASKATCHEWAN SENIORS MECHANISM
MEMBERSHIP APPLICATION FORM

Name of Organization: _____

Full Mailing Address: _____

Postal Code _____ Phone Number _____

PRESIDENT OF ORGANIZATION _____

Address _____

Postal Code _____ Phone Number _____

Email Address _____

SSM CONTACT PERSON (to receive info from SSM for your organization)

Address _____

Postal Code _____ Phone Number _____

Email _____

Member Organizations of SSM

Definition: A member organization is an association of seniors which is non-discriminatory in relation to race, religion, sex, physical or mental abilities and which has been incorporated for at least two (2) years for the purpose of supporting and advancing the common interests of seniors.

Member organizations represented on SSM may be province-wide, city-wide or area-wide in terms of membership, goals and objectives, and they will collectively provide a network of programs or services throughout the province.

Any organization that meets the definition of a member organization and which is not represented by any other existing member organization of SSM may apply for membership in SSM. Every application to become a member organization shall be subject to the approval of the Board of Directors of SSM.

Member organizations are entitled to name voting delegates to the AGM, nominate board members, bring resolutions forward to SSM and apply for small amounts of grant funding through SSM.

Member organizations receive regular communications from SSM including Gray Matters publication, invitations to and information on various conferences and activities SSM is involved in, and can lend their support to advocacy on issues of significance to seniors.

Describe your organization:

a) origin: _____

b) purpose/goals/mission: _____

c) Is your organization incorporated? _____
when? _____

**d) Is your organization a Registered charity with a Registration number for
Income tax purposes? Yes___ No___ Charitable No. _____**

e) Your fiscal year is from _____ to _____

f) Sources of funding last year _____

Prior to last year _____

g) Activities include _____

h) Major projects

i) Membership:

- Number of members _____

- Number of Board members _____

- % of Board members who are 55 plus _____

- % of membership who are 55 plus _____

- Number of branches, clubs, associations and other

organizational representation _____

j) Future plans _____

k) Other comments

Please enclose:

- a) a copy of your Bylaws**
- b) a copy of your last audited statement**

Signature _____

Date _____