





## Section A – CONTACT INFORMATION

### 1. Applying as Individual (please fill out sections 1 and 4 only)

Applicants Name:	
Mailing Address :	
Community/Postal Code:	
Phone Number:	
Fax Number:	
Email:	

**Note: Successful applicants will be asked to give S.I.N. # and date of birth for payment process.**

### 2. Organization ONLY (Please specify whom the payment will be going out to)

Name or Organization:	
Mailing Address:	
Community:	
Postal Code:	
Phone Number:	
Email:	
Fax Number:	

**If your organization is registered as a non-profit organization, please include Certificate of Registration, and provide the following:**

Registration Number:	
----------------------	--

### 3. Organization contact Person:

First Name:	
Last Name:	
Email and Position:	

### 4. Alternate Contact person: (For both individual and organization)

First Name:	
Last Name:	
Position:	
Phone Number:	
Email:	
Fax Number:	

**Note: If your group is not registered, please provide the name of the member in whose name the contribution agreement and cheque are to be issued.**









