UKRAINIAN CANADIAN CONGRESS
ALBERTA PROVINCIAL COUNCIL

КОНҐРЕС УКРАЇНЦІВ КАНАДИ
ПРОВІНЦІЙНА РАДА АЛЬБЕРТИ

UCC-APC MEMBERSHIP APPLICATION FORM

Annual Membership fee: $100

Organization name _____

Address _____ City _____ Province **Alberta** _____

Postal Code _____ Email _____

Phone (_____) _____ Fax (_____) _____ Website _____

Is your organization a registered non profit?

- ❑ Yes
- ❑ No

If yes, Provincial (Alberta Corporate Registry) non profit number _____

OR Federal (Canada Corporate Registry) Non profit number _____

If your organization is incorporated as a society, please specify the name of Act of Legislation (e.g. Education, Health) _____ , and provide a non profit number _____

Date of formation _____ **Date of incorporation** _____

Mission and objectives of your organization:

_____

_____

Membership in Ukrainian community organizations: _____

_____

Number of members: a) individuals _____ b) organizations (if applicable) _____ Membership fee $ _____

Organization's sources of funding (check all applicable):

- ❑ Donations
- ❑ Membership fees
- ❑ Casino proceeds
- ❑ Grants
- ❑ Other _____

Publications (e.g. journal, newsletter, electronic bulletin): _____

Executive Members:

President _____ phone _____ e-mail _____

Vice President _____ phone _____ e-mail _____

Secretary _____ phone _____ e-mail _____

Treasurer _____ phone _____ e-mail _____

President (signature) _____ *Date* _____

#8, 8103 – 127 Avenue, Edmonton, Alberta T5C 1R9, Canada
phone: (780) 414 1624 • fax: (780) 414 1626
e-mail: uccab@shaw.ca • website: www.uccab.ca