



Accreditation Request

IDENTIFICATION

Name of organization :	
POSTAL Address: <i>(to receive mail from the city of Deux-Montagnes)</i>	
City:	Postal Code:
Telephone:	Fax:
Email:	

Date of your next Annual General Meeting :
Number of members on the Board of Directors:
Number of members of the Board residing in Deux-Montagnes :
Approximate number of <u>volunteers</u> involved in the organization of <u>regular activities</u> : <i>(other than the members of the Board of Directors)</i>
<u>TOTAL</u> number of members or participants:

Among these members, **HOW MANY** are from the following municipalities:

Deux-Monts	St-Eustache	Ste-Marthe	Pte-Calumet	St-Joseph	Oka	Laval	Autres



ATTENTION : The membership list along with the addresses of the members is mandatory. This information is for the exclusive use of the Leisure and Community Development Department of Deux-Montagnes.

• **Sector in which your association is involved:**

sporting community cultural

• **What clientele does your association serve:**

children (0-5 yrs) children (6-12 yrs) teenagers (13-17 yrs)
adults (18-64 ans) seniors (65 and over)

- **What is the mission of your association?** *(include additional information if necessary)*

- **What are the reasons for requesting accreditation from the city of Deux-Montagnes ?**

- **Is your organization registered with the « Registraire des entreprises du Québec »?** *If yes, please indicate your registration number (NEQ)*

- **Is your organization registered as a charitable organization with the Canada Revenue Agency?** *If yes, please indicate your registration number*

- **Is your association recognized or accredited by other municipalities?** *If so, please name these municipalities :*

- **How many years has your organization been in existence?**

- **Enter the name of 2 people authorized to request photocopies on behalf of your organization :**

- **Does your association have an Insurance Policy?**

yes no

- **If you are a sporting organization, are you federated with a Quebec Federation ?**

yes no does not apply

- **If your association is officially accredited by the city of Deux-Montagnes, we are asking for your authorization to disclose the following information that will also appear on our list of associations, our municipal calendar and on the city's Web site? Do you accept that we publicize the following information? It is at your discretion.**

yes no

♦ Name of association:
♦ Name of person in charge:
♦ Telephone:
♦ Email for the association:
♦ Web site for the association :



You must enclose the following documents to your request:

- **Resolution from a Board meeting with signatures** (*a sample resolution is enclosed*)
- **Agenda and minutes of the last annual general meeting**
- **List of members along with their address**
- **Copy of the Patent Letters** (*if your association is incorporated*)
- **Rules and Regulations (by-laws)**
- **Financial statement of the last fiscal year**
- **Any information that would better explain the goals pursued by your association.**
- **Copy of the Insurance Policy**

IMPORTANT :

Every new request must be studied by the Director of the Leisure and Community Development Department who then recommends or not the acceptance by the Municipal Council during a monthly meeting. Incomplete forms will be returned and will cause delays in processing the application.

MEMBERS OF THE BOARD OF DIRECTORS

Name of Association:

Name:	
Position held on the Board:	
End of term:	
Address:	
City:	Postal Code:
Home Telephone:	Other Telephone:
Email:	

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MEMBERS OF THE BOARD OF DIRECTORS

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