

SASKATCHEWAN SENIORS MECHANISM
MEMBERSHIP APPLICATION FORM

Name of Organization: _____

Full Mailing Address: _____

Postal Code _____ Phone Number _____

NOMINEE TO MECHANISM BOARD _____

Address _____

Postal Code _____ Phone Number _____

ALTERNATE NOMINEEE _____

Address _____

Postal Code _____ Phone Number _____

PRESIDENT OF ORGANIZATION _____

Address _____

Postal Code _____ Phone Number _____

SECRETARY OF ORGANIZATION _____

Address _____

Postal Code _____ Phone Number _____

Membership in the S. S. M. is open to organizations:

- a. *Whose membership is:*
 - *primarily of seniors (defined as 55 years or older)*

- b. *Which are recognizable as senior directed.*

Member organizations of S. S. M. shall consist of the following categories:

- 1) *Organizations which are province wide or city wide in terms of:*
 - *membership*
 - *goals and objectives*
 - *services and/or programs available throughout the province or city*
 - *a network throughout the province or city*

- 2) *Any seniors organization meeting the criteria in clause 1 of these by-laws, and which is not represented by any of the existing member organizations of Saskatchewan Seniors Mechanism, may apply for membership in the SSM. Such applications shall be put to the SSM Board of Directors, and, if approved by the Board, to the SSM Annual General Meeting for ratification.*

1) Under which category are you applying for membership?

2) Describe your organization:

a) orgin: _____

b) purpose/goals/mission: _____

**c) Is your organization provincial wide? _____
city wide? _____**

**d) Is your organization incorporated? _____
when? _____**

**e) Is your organization a Registered charity with a Registration number for
Income tax purposes? Yes ___ No ___ Charitable No. _____**

f) Your fiscal year is from _____ to _____

g) Sources of funding last year _____

Prior to last year _____

h) Activities include _____

i) Major projects _____

j) Membership:

- **Number of members 55 plus** _____

- **Restrictions** _____

- **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** _____

k) Future plans _____

l) Other comments _____

Please enclose:

a) a copy of your Bylaws

b) a copy of your last audited statement

Signature _____

Date _____