

Application for SARC Membership



Thank you for your interest in SARC Membership. SARC provides important services, tools and resources to nonprofit organizations that provide services to people of all abilities in Saskatchewan.

Please submit this form to:

Melanie Weiss, Director of Member Services/Assistant Executive Director, SARC
mweiss@sarc.sk.ca
111 Cardinal Crescent,
Saskatoon, SK S7L 6H5
(306) 933-0616 ext. 245

Membership Criteria

Please refer to the chart below to see which category is a fit for your organization:

Associate Member	Affiliate Member
A nonprofit corporation whose primary service demographic is adults experiencing intellectual or developmental disabilities. Must provide at least one of the following services: day program services, developmental services, residential services.	Any non-profit corporation with an expressed interest in SARC.

(Please note: SARC also has a category of Regular Members for organizations involved in SARCAN Recycling.)

To learn more about services available to Associate and Affiliate Members, please see the next page.

Fee Schedule for Membership

The SARC Board of Directors maintains the capacity to recommend increases in Membership fees with final approval of the SARC Membership at the Annual General Meeting.

Current Fees

Associate Membership	\$660.00
Affiliate Membership	\$475.00

Membership fees are GST exempt.

**Please do not submit payment for Membership with application.
If approved, your organization will be contacted and sent an invoice.**

The SARC Membership Year is July-June (any changes to Membership Fees are approved by the Membership at the June Annual General Meeting). Members are sent a renewal invoice in July of each year. A Member is in arrears of payment if fees are not paid by October 1 of each year, unless waived by the Board of Directors. A Member in good standing is defined as one whose dues for the current year are paid in full.



Benefits of Membership	Associate \$660/year	Affiliate \$475/year
Voting Rights*	✓	
Ability to nominate and elect Board representatives	✓	
Access to SARC Human Resources & Labour Relations Consultation services	✓	
Access to Facility Planning consultation services	✓	
Access to SARC's Property and Liability Insurance Program	✓	
Access to SARC's Directors and Officers Liability Insurance Program	✓	✓
Access to SARC's Benefits Program	✓	✓
Access to SARC Employee Assistance Program (EAP)	✓	✓
Access to SARC's Pension Program	✓	✓
Access to Training programs and events at a reduced, SARC Member rate	✓	✓
Access to the COMPASS Training Package*	✓	✓
Access to SARC's Manager Resource Area	✓	✓
Weekly Communications	✓	✓

*Associate Member Voting Rights: Allocated 1 vote for all resolutions, except they may not submit on any resolution, question, or matter relating to SARCAN Recycling (a division of SARC) or SARC's Bylaws.

**For eligibility details for COMPASS, click [here](#).



Application for Membership

Application Date:	
Applying for:	_____Associate Membership _____Affiliate Membership
Organization Name:	
Non-Profit Number:	
Mailing Address:	
Street Address:	
Telephone:	
Fax:	
Website Address:	
Manager Name & Title:	
Manager Email Address:	
Board Chair Name:	
Board Chair Mailing Address:	
Board Chair Phone Number:	
Board Chair Email Address:	

I understand that SARC may publicize the fact that my organization is a SARC Member (ex. SARC website Member Directory).



How did you become aware of SARC?

What are your reasons for applying for SARC Membership? Are there particular services you are interested in accessing?

Would your organization be interested in learning more about SARC's Pension, Benefit, and Employee Assistance programs to consider joining?

Would your organization be interested in learning more about SARC's insurance programs (encompassing Property, Commercial General Liability, Auto, and Directors & Officers Liability) to consider joining?



Summary of Service(s):

Provide a brief history of your organization including the date of incorporation (start-up) and the original purpose and services.

Please summarize your organization as it exists today:

of People Served: _____

of People Employed: _____

Types of Programs and Services Provided [and target demographic(s) of people being served, if applicable]:

Please attach additional sheets as required.



Is the Community Living Service Delivery (CLSD) branch of Saskatchewan’s Ministry of Social Services your primary funder?

Yes No

(If you select “Yes”, skip to the “Supporting Documentation” section)

If not, please provide a breakdown of your funding:

Funder	%

If CLSD is not your organization’s primary funder but you do receive some funding from CLSD, please also complete the following chart (necessary in order to access SARC’s COMPASS Training Package at no cost to your organization):

CLSD-Related Employment Positions	Total Number of Employees in Position Type
Front-line/program staff	
Supervisors	
Managers	
Other Staff Positions	
BOARD	Total Number of Board Directors
Board Directors	

Supporting Documentation – I have attached the following:

- Organization’s Bylaws
- Mission Statement
- Description of Services
- Current Board Listing

I declare all information enclosed in this application to be accurate and timely:

(Board Chair)

(Date)

Please keep a copy for your records.

