

SARC Membership Application

Thank you for your interest in joining the SARC Membership. SARC provides services to nonprofit organizations to expand their potential and support the work they do within their communities.

Please submit this form to:

Melanie Weiss, Director of Member Services/Assistant Executive Director, SARC
mweiss@sarc.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

Associate Membership	\$660.00
Affiliate Membership	\$475.00

Membership fees are GST exempt.

**Please do not submit payment for Membership with your 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 prompt in July of each year. A Member will cease as a Member in the Association if in arrears of payment of the annual Membership fee as of October 1, unless waived by the Board of Directors.



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

Application Date:		
Applying for (select one):	Associate Membership	Affiliate Membership
Organization Name:		
Non-Profit Number:		
Mailing Address:		
Street Address:		
Telephone:		
Website Address:		
Executive Director/CEO/Manager Name & Title:		
Executive Director/CEO/Manager Email Address:		
Board Chair Name:		
Board Chair Email Address: (Note: from time to time, we may send news and resource/training information of relevance to Boards.)		

See next page for additional questions.



1. How did you become aware of SARC?

2. Why is your organization applying for SARC Membership? Are there particular services you are interested in accessing?

3. Would your organization be interested to learn more about the following group programs offered by SARC (check all that apply)?

<input type="checkbox"/>	SARC's Pension Program
<input type="checkbox"/>	SARC's Benefits Program
<input type="checkbox"/>	SARC's Employee Assistance Program
<input type="checkbox"/>	SARC's Property and Liability Insurance Program
<input type="checkbox"/>	SARC's Directors and Officers Liability Insurance Program
<input type="checkbox"/>	SARC's Cyber Insurance Program

4. Summary of Services

a. Does your organization serve a client base?

No

Yes

If yes, please indicate your primary target demographic for services; feel free to include information about other demographics served as well:

b. How many people does your organization serve?

c. How many employees does your organization have?



d. Please summarize your organization's mission and key areas of service (feel free to attach additional sheets or indicate website links as necessary).

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

Yes (If you select "Yes", skip to Question 7 – Supporting Documentation)

No (if you select "No", please complete the tables under Question 6)

6. If CLSD is not your primary funder, 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 complete the following chart (necessary in order to access SARC's [COMPASS Training Package](#) at not cost to your organization):

CLSD-Related Employment Positions	Total Number of Employees in Position Type
Service delivery staff	
Supervisors	
Managers	
Other Staff Positions	
BOARD	Total Number of Board Directors
Board Directors	



7. Supporting Documentation – I have provided the following as either an attachment or link (indicate below):

Item	Attached Document	Link
Bylaws		
Current Board Listing		

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

(Name and Position Title of Authorized Representative)

(Date)

Please keep a copy for your records.

