



Umbrella Member Application

Office use only	Organization RSN _____
	Property RSN _____
	Folder RSN _____
	Entered _____

Applicant	Applicant Information
Organization Name: _____ _____ Mailing Address: _____ _____ City/Town: _____ Province: _____ Postal Code: _____ Phone: _____ Fax: _____	1) Has your organization previously held a lottery? Yes No If Yes, what was the last licence number? _____ 2) Is your organization a registered charity with the Charities Directorate? Yes No If Yes, what is the registration number? _____ 3) Is your organization incorporated as a non-profit organization? Yes No If Yes, what is the incorporation number? _____ 4) Approximately how many members are in your organization? _____

Proposed Use of Proceeds
Provide details as to how proceeds will be used: (Attach a separate sheet if necessary.) _____ _____ _____

Umbrella Association	Lotteries Trust Account Information
Umbrella Association Name: _____ _____ Mailing Address: _____ _____ City/Town: _____ Province: _____ Postal Code: _____ Phone: _____ Fax: _____	Name of Bank or Financial Institution: _____ _____ Mailing Address: _____ _____ City/Town: _____ Province: _____ Type of Account: _____

To be signed by two Principal Officers of the Organization

We certify that all information and documents supplied are correct and the organization has authorized us to make this application.

Name: _____ Position: _____ Address: _____ _____ City/Town: _____ Province: _____ Postal Code: _____ Phone (W): _____ Phone (H): _____ Signature: _____ Date: _____	Name: _____ Position: _____ Address: _____ _____ City/Town: _____ Province: _____ Postal Code: _____ Phone (W): _____ Phone (H): _____ Signature: _____ Date: _____
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