

ORBUS Non-Profit Group Registration Form

ORGANIZATION OR GROUP NAME		Please Check <input type="checkbox"/> Unincorporated <input type="checkbox"/> Incorporated	
MAILING ADDRESS			
Contact Tel	Cel No.	Email:	
Date Established:		Number of Members:	Website (URL):

OFFICERS OR DIRECTORS TO CONTACT FULL NAME AND HOME ADDRESSES	email	Title
If more space required, attach additional page		

FINANCIAL INFORMATION <small>If available, give estimate of your gross budgeted spending for the past 3 years</small>		
1.	2.	3.

REFERENCES for work or organization - NAME & ADDRESS	Tel	Email
If more space needed, attach additional page		

TELL US ABOUT YOUR ORGANIZATION

How do you fit Orbus support for youth and elders, in the areas of the arts, sports, music, education, culture and life long learning?

Please provide a short one paragraph summary of how Orbus fundraising support will assist your organization?

The undersigned declare(s) that the statements are made or given for the purpose of an application for registration as an Orbus registered non-profit organization and are to the best of my/our knowledge true and correct. The undersigned consents to and hereby authorizes Orbus Community Futures Foundation or Orbus International Business Networks Inc., and its affiliates and its agents to make any inquiries it deems necessary to reach a decision on this application.

The undersigned acknowledges and agrees that if accepted as a registrant the organization registered will participate in the programs of Orbus and post information about Orbus programs in its own publications, communications and correspondence to its members, families, community or otherwise. The undersigned acknowledges that goals of Orbus to help build better communities for the future depends on all of the participants and helping spread the word will help bring in more people working together to better our world. We ask that Orbus logo and acknowledgement of support be published in your web-based information, media used, communications to others etc.

The undersigned further acknowledges and agrees its participation is in the sole discretion of Orbus Community Futures Foundation or Orbus International Business Networks Inc (both collectively referred to as "Orbus). Email application (registrar@orbuscommunities.com) or mail to Orbus Community Futures Foundation, PO Box 43052, Victoria, BC Canada, V8X 1R0.

As a registered organization the undersigned agrees:

1. They will notify Orbus as directed when there has been a contribution through this Orbus program to their organization.
2. They will provide a receipt to the contributor (Orbus Member or Sponsor normally) based on either a donation receipt (tax receipt if applicable), sponsorship receipt (where recognized as a sponsor), advertising receipt (where published in their bulletin) to the contributor.

Dated _____ 20 __

Signature:

Title

Print or type name:

Name of Organization