

# SPORT OAKVILLE

## 2012 Membership Application



OAKVILLE



**Mail to:** Sport Oakville  
c/o Department of Recreation & Culture  
1225 Trafalgar Road, Box 310  
Oakville, ON L6J 5A6

Phone: (905) 815-6160  
Fax: (905) 338-4188  
E-mail: [memberservices@sportoakville.ca](mailto:memberservices@sportoakville.ca)  
[www.sportoakville.ca](http://www.sportoakville.ca)

### TYPE OF MEMBERSHIP

**Individual Membership \$25**

Available to any resident of the Town of Oakville who is 18 years of age and older with significant interest in the development of sport in Oakville.

**Group Membership \$75**

Available to any group with a significant interest in the development of sport in Oakville whose principle mandate must be the direct delivery of sport programs or opportunities, primarily for Oakville residents. A group must be a registered not-for-profit organization (or eligible for this status) which principally operates within the geographic boundaries of the Town of Oakville and which has its primary and permanent mailing address located within the geographic boundaries of the Town of Oakville, and has an identifiable organizational structure and verifiable paid membership.

**Associate Membership \$150**

Available to any corporation, organization or business with significant interest in the development of sport in Oakville that does not meet the criteria for Group membership.

Payment by cheque to be made out to: *Sport Oakville*

### CONTACT INFORMATION

Applicant's name (Individual member/Organization)

Contact Name (for Organization)

Position/Title

Mailing Address

City/Town

Postal Code

Phone Number (day)

Phone Number (eve)

Fax Number

E-mail Address

Web Site Address

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**Sports Group Information**

1. Please state the objectives and functions of your organization.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please attach a listing of your current Board of Directors or Executive Committee, including name, position, e-mail address and phone number.

3. Please state the sports offered and check the category(s) that best applies to your group.

Sports offered: \_\_\_\_\_

Female

Youth (18 and under)

Recreational

Male

Adult (19 and over)

Competitive

Disabled programs

4. For your organization, please provide the total registration numbers of:

Participants \_\_\_\_\_ Officials \_\_\_\_\_ Volunteers \_\_\_\_\_

**The following information will assist Sport Oakville in serving your needs**

1. What current issues (ie. Advocacy, financial, facility, program, etc) affect your sport/group?

\_\_\_\_\_  
\_\_\_\_\_

2. What is your group's priority in the next 6-12 months?

\_\_\_\_\_

3. How do you want SPORT OAKVILLE to assist you in the coming year:

Advocacy: \_\_\_\_\_

Programs: \_\_\_\_\_

Training: \_\_\_\_\_

Marketing: \_\_\_\_\_

Funding: \_\_\_\_\_

Other: \_\_\_\_\_

**For Board Use ONLY**

**Date Received** \_\_\_\_\_

**Action** \_\_\_\_\_