



**THE ASSOCIATION OF WISH GRANTING ORGANIZATIONS, INC.**

**Membership Application**

The Association of Wish Granting Organizations, Inc. (AWGO) was chartered as a nonprofit, public benefit corporation in July of 1995. AWGO has been received as a tax-exempt organization under Section 501(c) (3) of the Internal Revenue Code.

Only those organizations which meet the standards, requirements and qualifications established by AWGO will be eligible for membership, and, as provided in the bylaws of AWGO, continued compliance with those standards and other standards and policies adopted by AWGO is a condition of membership in the Association. By submitting this application form, applicants are certifying their compliance with those standards, rules and regulations and agreeing to abide by the standards, rules and regulations of The Association of Wish Granting Organizations in order to maintain their membership in the organization.

**Applicant Information**

Organization's Legal Name:

\_\_\_\_\_

**Single Organization** \_\_\_\_\_ **Multiple Chapter Organization** \_\_\_\_\_ **Affiliate** \_\_\_\_\_

Number of chapter's \_\_\_\_\_  
(Multi-Chapter Member Applicants,  
Please attach list with each chapter location.)

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Web Page: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date of Application: \_\_\_\_\_

## Qualifications for AWGO Membership

Please answer all of the following questions. You may explain or comment upon any of your responses on this form and you are encouraged to do so.

YES/ NO/  
AGREE DISAGREE

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

The Applicant agrees to abide by the following purpose of AWGO:

The Association's charitable purpose is:

- A To establish and maintain among its Members the highest standards of the wish process for the individual and her or his family;
- B To develop professional standards and ethical behaviors in all areas of program services, fund raising and management;
- C To foster among new and existing Members cooperation and the sharing of ideas and information in an environment of mutual support and respect; and
- D To promote public trust in all communities through each Member's commitment to the standards set forth by the Association.

YES/ NO/  
AGREE DISAGREE

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

The Applicant's purpose is consistent with the Member Purpose set forth in Section 2.2 of the bylaws. "Wishes" and "Dreams", for the purposes of AWGO do not include:

- A Donated group tickets to games, events, etc. when it is not the individuals specific wish or any event not requested by the individual as a wish or dream;
- B In-kind gifts not requested by the individual as a wish or dream;
- C Participation in any activity, group plan flights/camp attendance, or trips not requested by the individual as a wish or dream.

YES/ NO/  
AGREE DISAGREE

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

### QUALIFICATIONS FOR MEMBERS (Section 2.2 of Bylaws)

An entity desiring to be a Wish Granting or Affiliate Member must:

- \_\_\_ \_\_\_ A Member Purpose Provides services in the granting of wishes or dreams to seriously, critically, chronically or terminally ill or injured individuals or individuals with life threatening medical conditions (the "Member Purpose");
- \_\_\_ \_\_\_ B Non-Discrimination Engage in all of its activities without regard to race, religion, Political preferences, ethnic, cultural or national origin, sex or similar basis;
- \_\_\_ \_\_\_ C Integrity and Effectiveness Demonstrate administrative integrity, program effectiveness, fund raising efficient, financial responsibility and accountability to donors through compliance with all local, state and federal laws; and
- \_\_\_ \_\_\_ D Other Qualifications Meet such other qualifications and requirements as the Association may require from time to time.
- \_\_\_ \_\_\_ E Non-Profit Corporation Be a non-profit corporation duly organized under Section 501(c) (3) of the Internal Revenue Code;
- \_\_\_ \_\_\_ F Tax Exempt Be a tax-exempt charitable organization under Section 501(c) (3) of the Internal Revenue Code;

What are the ages of the individuals that your organization serves? \_\_\_\_\_

YES/ NO/  
AGREE DISAGREE

\_\_\_ \_\_\_ The Applicant is a non-profit corporation duly organized and in good standing under all appropriate laws. For Multi Chapter Applicants, each of Applicant's chapters or members meets this requirement.

\_\_\_ \_\_\_ **Applicant is duly registered as a charitable institution with any federal, state or may require local law governments as the law may require. If "YES", please list all such registrations and the purpose thereof.**

\_\_\_ \_\_\_ Applicant, and, if applicable, its chapters or members, is governed by a board of directors or similarly constituted regular governing body, established by the written governing documents of the organization. (Attach a list of names, addresses and telephone numbers of the members of the current governing body of the organization.)

\_\_\_ \_\_\_ The governing body of the organization meets regularly on at least a quarterly basis. (Please note the dates of the last four meetings of Applicant's governing body.)

\_\_\_ \_\_\_ Applicant maintains written Minutes of the organizations meetings of its governing body.

\_\_\_ \_\_\_ The Minutes of the organization's governing body are available for public inspection.

\_\_\_ \_\_\_ Applicant maintains a permanent record of its Minute books, bylaws and charter.

\_\_\_ \_\_\_ Applicant prepares and maintains complete annual financial statements.

\_\_\_ \_\_\_ Applicant obtains an annual or biannual financial audit (partial or complete), review of compilations. (If yes, attach a copy of the Applicant's most recent financial audit or review.)

What were the dates of the last two audits or reviews? \_\_\_\_\_

\_\_\_ \_\_\_ Applicant does not engage in unsolicited direct contact with individuals or families of individuals for the purpose of providing wishes or dreams.

\_\_\_ \_\_\_ Applicant does not provide remuneration of any kind to third parties who solicit individuals or families of individuals for the sole purpose of providing them a wish/dream.

\_\_\_ \_\_\_ Applicant's policy is to attempt to contact all referrals that appear to qualify under Applicant's wish granting guidelines within 72 hours of the referral.

\_\_\_ \_\_\_ Applicant maintains a separate file on each individual for whom it grants a wish/dream.

\_\_\_ \_\_\_ Applicant has a policy regarding the need to respect the confidentiality of the individual and their families for whom a wish/dream is granted.

\_\_\_ \_\_\_ Applicant follows a policy designed to ensure, insofar as it is reasonably possible, that the wish/dream to be granted is the bona fide wish/dream of that individual rather than that of the individual's parent(s) or guardian(s) or family.

\_\_\_ \_\_\_ Applicant requires an application form signed by the individual's parent(s) or guardian(s).

YES/ NO/  
AGREE DISAGREE

- \_\_\_ \_\_\_ Applicant requires a medical authorization form signed by the individual's physician.
- \_\_\_ \_\_\_ Applicant agrees that it does not engage in paid telemarketing or door-to-door solicitation by third parties to solicit or raise funds.
- \_\_\_ \_\_\_ Has Applicant been the target of any investigation or legal action by any governmental authority or regulatory agency concerning alleged wrongful conduct? (If "YES", please describe the circumstances, dates and resolution or status.)
- \_\_\_ \_\_\_ Has applicant been the target of any legal action within the past ten years? (If "YES", please describe the circumstances, dates and the resolution or status.)

How many wishes has Applicant granted in each year for the past three years?

Year \_\_\_\_\_  
# of wishes \_\_\_\_\_

What was the total annual cash income (including investment, income & donations, etc.) of the Applicant for each of the past three years? Please list in-kind donations on a separate line and include a financial statement showing all income.

Year \_\_\_\_\_  
\$ \_\_\_\_\_

How many paid employees (in full-time equivalents) has Applicant had in each of the past three years?

Year \_\_\_\_\_  
# \_\_\_\_\_

Based on your organization's IRS Form 990 (or equivalent) what percent of Applicant's total annual expenditures for each of the past three years has your organization expended on the total of administration, and fund-raising costs?

Year \_\_\_\_\_  
% \_\_\_\_\_

Based on your organization's IRS Form 990 (or equivalent) what dollar amount of the Applicant's total annual expenditures for the past (1) year been expended on program services, in-kind, administration, and fund-raising costs?

Program Services	\$ _____	<not including In-Kind list below
In-Kind	\$ _____	
Administration	\$ _____	
Fundraising	\$ _____	

What percent of Applicant's total annual expenditures for each of the past three years has your organization expended for wish/dream costs?

Year \_\_\_\_\_  
% \_\_\_\_\_

If you allocate any administration costs, to your calculation of wish/dream costs, please describe the method and rationale for such allocation.

Year \_\_\_\_\_  
% \_\_\_\_\_

YES/ NO/  
AGREE DISAGREE

- \_\_\_ \_\_\_ The sole purpose of Applicant is to provide wishes or dreams to individuals.
  
- \_\_\_ \_\_\_ If your response is "NO" to the above question:  
More than fifty percent (50%) of Applicant's annual expenditures are expended on providing wishes or dreams to individuals; AND Applicant grants one hundred (100) or more wishes or dreams to individuals per year.
  
- \_\_\_ \_\_\_ Applicant agrees that it shall expend no more than 30% of its total annual expenditures on administration and fund-raising costs and no less than 70% of its total annual expenditures on programs and activities directly related to the provisions of wishes and dreams, consistent with the current guidelines established by the National Charities Information Bureau.
  
- \_\_\_ \_\_\_ Affiliate Membership cooperate with Wish Granting Members by providing support and or Services. Please explain in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ANNUAL MEMBERSHIP FEE SCHEDULE**

- \$100.00 for Single Wish Granting Member, or Affiliate Member
- \$150.00 for Wish Granting Members with 2-20 chapters, or
- \$200.00 for Wish Granting Members with 21-40 chapters, or
- \$250.00 for Wish Granting Members with 41-60 chapters, or
- \$300.00 for Wish Granting Members with 61 or more chapters

AWGO reserves the right to request additional information or clarification of the information provided with this application for purposes of reviewing eligibility for membership. Membership in AWGO is a privilege, not a right, and will be determined in the sole discretion of AWGO.

RETURN COMPLETED APPLICATION ALONG WITH THE MATERIAL REQUESTED IN THE APPLICATION AND THE FOLLOWING MATERIAL TO:

AWGO  
c/o RayAnn Vasko  
Dream Come True of Lehigh Valley  
P.O.Box 21167  
Lehigh Valley, PA 18002

Be sure to include the following:

1. Membership fee payable to AWGO.
2. IRS Form 990 (last three years)
3. Copy of 501(c) (3) Letter
4. Copy of Current Bylaws and Charter or Articles of Incorporation
5. Board Resolution acknowledging application for membership in AWGO and acceptance of membership if extended by AWGO
6. Minutes of last Annual Meeting
7. A copy of Applicant's mission statement and/or statement of purpose.

(Rev. 12/08)



**The Association of Wish Granting Organizations, Inc.**

**CERTIFICATION**

**(To be signed by a duly authorized officer of the applicant or renewing member organization.)**

**On behalf of \_\_\_\_\_ (“Applicant”), I hereby certify that the responses and information provided in this application or renewing application form and the material submitted with this application form are true and accurate, and if accepted for membership in the Association of Wish Granting Organizations, Inc. (“AWGO”), Applicant agrees to adhere to and abide by the qualification requirements, standards and policies of AWGO as a condition of membership.**

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**Applicant Wish Granting Organization or Affiliate Membership Renewal**

**By:** \_\_\_\_\_

**Title:** \_\_\_\_\_      **Date:** \_\_\_\_\_