



Association of Wish Granting Organizations, Inc.
c/o The Rainbow Society of Alberta
7, 12122 68 Street NW
Edmonton, Alberta Canada T5B 1R1
www.awgo.org

2022 Membership Application

The Association of Wish Granting Organizations, Inc. (AWGO) was chartered as a nonprofit, public benefit corporation in July of 1995 and is 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 the Association will be eligible for membership and, as provided in the bylaws of the Association, continued compliance with those, and other standards and policies adopted by the Association is a condition of continuing membership. By submitting this application form, applicants are certifying their compliance with those standards and policies.

Organization Name: _____

Single Organization: _____ Multiple Chapter Organization? _____ If Multiple, how many?
_____ (please attach list of each chapter location)

Telephone No. _____ Fax No. _____

Mailing Address: _____

Website Address: _____

Contact Person: _____ Title: _____

Telephone No. _____ Fax No. _____

Mailing Address (if different from above): _____

Contact Person's Email Address: _____

Date of Application: _____

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Please answer the following questions by circling either "Agree" or "Disagree". Any comments or explanations should be included on a separate sheet.

Agree Disagree The Applicant agrees to abide by the following purpose of the Association:

- a) To establish and maintain among its Members the highest standards of the wish granting process for the individual and her or his family;
- b) To develop professional standards and ethical behaviors in all areas of program operations, fundraising 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.

Agree Disagree The Applicant meets the Association's Qualifications for Membership as specified in Section 2.2 of the Association's approved bylaws:

- a) Member Purpose; Provide 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;
- b) Non-Profit Corporation; Be a non-profit corporation duly organized and in good standing under the laws of a state or territory of the United States of America, or another appropriate governmental jurisdiction
- c) Tax Exempt; Be a tax-exempt charitable organization under Section 501(c)(3) of the Internal Revenue Code, or other pertinent code, rule or regulation of the appropriate jurisdiction.
- d) Non-Discrimination; Engage in all its activities without regard to race, religion, political preference, ethnic, cultural or national origin, sex or similar basis;
- e) Integrity and Effectiveness; Demonstrate administrative integrity, program effectiveness, fund raising efficiency, financial responsibility and accountability to donors through compliance with all local, state and federal laws; and
- f) Other Qualifications; Meet such other qualifications and requirements as the Association may require from time to time.

Note: For the purposes of the Association, Wishes and/or Dreams do not include: donated group tickets to games, events, etc. when it is not the individual's specific wish, or any event not requested by the individual as a wish or a dream; in-kind gifts not requested by the individual as a wish or a dream; participation in any activity, group plan flights/camp attendance/trips not requested by the individual as a wish or dream.

What are the ages of the individuals your organization serves?

Agree Disagree The Applicant is a non-profit corporation duly organized and in good standing under all appropriate laws. For Multi-Chapter applicants, each Chapter meets this requirement.

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- Agree Disagree** The Applicant is duly registered as a charitable institution with all federal/state/provincial/local as the law requires. Please attach a list of all such registrations and their purpose thereof.
- Agree Disagree** The Applicant, and its Chapters/Members if applicable, is governed by a Board of Directors or similarly constituted governing body, established by the written governing documents of the organization. Please attach a list of the names, addresses, and telephone number of the members of the current governing body of the organization.
- Agree Disagree** The governing body of the organization meets regularly, with the minimum being on a quarterly basis. Please note the dates of the last four meetings of the Applicant's governing body.
- Agree Disagree** The Applicant maintains written Minutes of its governing body's meetings.
- Agree Disagree** The Minutes of the organization's governing body are available for public inspection.
- Agree Disagree** The Applicant maintains a permanent record of its Minutes, Bylaws, and Charter.
- Agree Disagree** The Applicant prepares and maintains annual financial statements.
- Agree Disagree** The Applicant obtains an annual or biannual financial audit or review. If Agree, please attach a copy of your most recent audited statements.
- What are the dates of your last two audits/reviews? _____
- Agree Disagree** The Applicant does not engage in unsolicited direct contact with individuals or families of individuals for the purpose of providing wishes or dreams.
- Agree Disagree** The Applicant does not provide remuneration of any kind to third parties who solicit individuals or families of individuals for the purpose of providing wishes or dreams.
- Agree Disagree** The Applicant maintains a separate file on each individual for whom it grants a wish/dream.
- Agree Disagree** The Applicant attempts to contact all referrals in a timely fashion.
- Agree Disagree** The Applicant has a policy regarding the need to respect the confidentiality of the individual and their families for whom a wish/dream has been granted.
- Agree Disagree** The Applicant follows a policy designed to ensure, insofar as possible, that the wish/dream granted is the wish/dream of the qualifying individual rather than that of their family, parent(s), or guardian(s).
- Agree Disagree** The Applicant requires a Release form signed by the individual's parent(s) and/or guardian(s).
- Agree Disagree** The Applicant requires medical authorization from the individual's physician.
- Agree Disagree** The Applicant agrees it does not engage in paid telemarketing or door-to-door solicitation by third parties to solicit or raise funds.

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Has the 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, resolution, or status. _____

Has the Applicant been the target of any legal action within the last 10 years? If yes, please describe the circumstances, dates, resolution, or status. _____

Over the last three years, how many wishes/dreams has the Applicant granted?

Year _____

of Wishes _____

How many paid employees (full or part-time, please indicate) has the Applicant had in each of the last three years?

Year _____

of Employees _____

Based on your organization's IRS Form 990, CRA T3010, or equivalent, what percent of your total expenditures has your organization spent on Administration and Fundraising costs over the last three years?

Year _____

% of Total _____

Based on your organization's IRS Form 990, CRA T3010, or equivalent, what percentage of your total expenditures has your organization spent on Wishes/Dreams over the last three years?

Year _____

% of Total _____

If you allocate administration costs to your overall program service cost, please describe the method and rationale for the allocation. _____

Agree Disagree The sole purpose of the Applicant is to provide wishes/dreams to qualifying individuals.

If your response is "Disagree", what other purpose(s) does the Applicant have? _____

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MEMBERSHIP DUES PAYABLE (please indicate which applies to your Organization)

Single Organization	\$100 _____
Organizations with 2 – 20 Chapters	\$150 _____
Organizations with 21 – 40 Chapters	\$200 _____
Organizations with 41 - 60 Chapters	\$250 _____
Organizations with 61 or more Chapters	\$300 _____

Please return the completed Application along with:

- The last three years of your organization's IRS Form 990, CRA Form T3010, or equivalent.
- A copy of your 501(c) (3) Letter or equivalent
- A copy of your organization's current Bylaws, as well as Articles of Incorporation
- A copy of your organization's Board resolution acknowledging and approving this application for membership, as well as acceptance of said membership if offered.
- A copy of the Minutes from your last Annual Meeting.
- A copy of your organization's mission statement and/or statement of purpose.
- Your Membership fee (as denoted above) payable in US funds to the Association of Wish Granting Organizations, Inc.

This Application, the membership dues, and all supporting documentation should be sent to:

The Association of Wish Granting Organizations, Inc.
c/o Rayann Vasko, Membership Chair
PO Box 21167
Lehigh Valley, PA USA 18002

Questions or concerns may be brought to the Association President, Craig Hawkins, at craigh@rainbowsociety.ab.ca

The Association reserves the right to request additional information or clarification of the information provided in the Application. Membership in the Association is a privilege, not a right, and will be determined at the discretion of the Association's directors.

Revised January 2020



CERTIFICATION

To be signed by a duly authorized officer of the Applicant organization.

On behalf of _____ (Applicant Organization), I hereby certify that the responses and information provided in this Application, along with the materials submitted, are true and accurate and if accepted for Membership in the Association we, the Applicant Organization, agree to adhere to and abide by the qualification requirements, standards, and polices of the Association as a condition of Membership.

Signed by: _____

Title: _____

Date: _____