

The Court Challenges Program of Canada is a non-profit organization that is independent of government. Its mandate is to provide funding for test-cases of national importance in order to promote and encourage the rights of the official languages minority communities and the rights to equality of historically disadvantaged groups.

Renewal Application for Equality Membership*

Equality Membership is open to organizations whose primary mandate and activities promote, enhance and advocate through direct action the substantive equality rights of Canada's historically disadvantaged groups and individuals. In considering applications, the Board of Directors will also consider as important factors the degree to which the organization's membership, staff and direction is reflective of the historically disadvantaged group(s) served by its mandate and activities.

ORGANIZATION

Name: _____

Address: _____

City/Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

E-mail: _____ Web Site: _____

DIRECTORS NAMES:

President: _____

Vice-president: _____

Treasurer: _____

Secretary: _____

Executive Director: _____

*** There is no membership fee for the Court Challenges Program of Canada**

Are the persons responsible for the direction of this organization (e.g. Board of Directors, management, etc.) members of the equality-seeking group(s) served by this organization's mandate?

____yes ____no. If not, please explain: _____

NUMBER OF MEMBERS AND EMPLOYEES:

Members: _____

Is the membership representative of the equality-seeking group(s) served by this organization?

____yes ____no. If not, please explain: _____

Employees: _____

Is the organization's staff representative of the equality-seeking group(s) served by its mandate?

____yes ____no. If not, please explain: _____

DATE FOUNDED: _____

MANDATE (Provide attachments if needed): _____

WHAT IS THE ORGANIZATION'S PRIMARY MANDATE? _____

GOALS AND OBJECTIVES (Provide attachments if needed): _____

SERVICES AND PROGRAMS (Provide attachments if needed): _____

AFFILIATIONS: _____

WHAT AREA(S) OF EQUALITY RIGHTS DO YOU WORK IN?

- | | | |
|--|--|---|
| <input type="checkbox"/> aboriginal | <input type="checkbox"/> language | <input type="checkbox"/> refugee |
| <input type="checkbox"/> age | <input type="checkbox"/> marital status | <input type="checkbox"/> religion |
| <input type="checkbox"/> citizenship | <input type="checkbox"/> national origin | <input type="checkbox"/> sex |
| <input type="checkbox"/> criminal conviction | <input type="checkbox"/> parental responsibilities | <input type="checkbox"/> sexual orientation |
| <input type="checkbox"/> disability | <input type="checkbox"/> political belief | <input type="checkbox"/> transgendered |
| <input type="checkbox"/> ethnicity | <input type="checkbox"/> poverty | <input type="checkbox"/> union |
| <input type="checkbox"/> family status | <input type="checkbox"/> prison inmate | <input type="checkbox"/> other (please specify) |
| <input type="checkbox"/> geography | <input type="checkbox"/> race | |
-

YOUR GROUP IS:

<input type="checkbox"/> national
<input type="checkbox"/> provincial
<input type="checkbox"/> regional (eg. Eastern, Central, etc.)
<input type="checkbox"/> local

HAVE YOU EVER BEEN INVOLVED IN A COURT CASE INVOLVING EQUALITY ISSUES?

yes no

PLEASE INDICATE YOUR PREFERRED LANGUAGE OF CORRESPONDENCE:

English French

Would you permit the Court Challenges Program of Canada to disclose your organization's name and contact information to other members for networking purposes?

yes no

If your organization does not satisfy the requirements for full Membership do you wish that it be considered for Associate Membership? Associate Members have the same entitlements as Members except that they do not vote on motions brought to the Annual General Meeting nor do they elect Directors.

yes no

PERSON RESPONSIBLE FOR THE APPLICATION FOR MEMBERSHIP:

Name: _____ Given Name: _____

Profession or occupation: _____

Address: _____

City/Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

E-Mail: _____

I declare that all information above has been completed to the best of my knowledge and with the consent of my organization.

Signature: _____ Date: _____

Return this form by mail with the appropriate documents to:

**COURT CHALLENGES PROGRAM OF CANADA/
PROGRAMME DE CONTESTATION JUDICIAIRE DU CANADA
616 - 294 Portage Avenue
Winnipeg, Manitoba R3C 0B9**

For more information please call: (204) 942-0022