



Association of Wish Granting Organizations, Inc.
www.awgo.org

Membership Renewal Application

Organization Name: _____

Member: _____ If multiple chapters, how many? _____

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: _____

Please answer all questions on this form, attaching additional pages if necessary.

The charitable purpose of the Association of Wish Granting Organizations, Inc. as specified in Article 1 Section 1.2 is:

To establish and maintain among its Members the highest standards of the wish granting process for the individual and her or his family;

(a) To develop professional standards and ethical behaviors in all areas of program operations, fundraising and management;

(b) To foster among new and existing Members cooperation and the sharing of ideas and information in an environment of mutual support and respect; and

(c) To promote public trust in all communities through each Member's commitment to the standards set forth by the Association.

1. As a Member, do you agree to abide by the stated purpose of the Association?

Yes _____ No _____

If No, please explain _____

2. Has anything changed from your original Membership Application?

Yes _____ No _____

If Yes, please explain _____

3. Based on your most recent 990/T3010 or equivalent, list the number of wishes/dreams granted in the last year.

Year _____ No. of Wishes/Dreams _____

4. Based on your most recent 990/T3010 or equivalent, what percentage of your total annual expenditures last year were expended in administration and fundraising?

Year _____ Percentage _____

5. Based on your organizations most recent 990/T3010 or equivalent, what dollar amount of your total annual expenditures for the past year were spent on:

Program Services \$ _____ %

In-Kind \$ _____ %

Administration \$ _____ %

Fundraising \$ _____ %

6. Should your organization’s renewal Application be approved, do you agree to abide by the Bylaws and Policies & Procedures of the Association?

Yes _____ No _____

If no, please explain _____

MEMBERSHIP DUES PAYABLE: \$150.00

Please return the completed Application along with:

- A list containing the names, addresses, and telephone numbers of your current Board of Directors
- Your organization’s most recent 990/T3010 or equivalent
- Your cheque for the renewal fee as noted above, payable in USD funds to *The Association of Wish Granting Organizations*

Your Application, along with the renewal fee and all requested information, should be sent to:

**The Association of Wish Granting Organizations
c/o J’Lynn Mayes-Edwards
7212 N Shadeland Ave Suite 100
Indianapolis, IN 46250**

Questions or concerns may be brought to the Association President, Dave Seyer, at seyerd@childrensdayton.org

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.



CERTIFICATION

To be signed by a duly authorized officer of the renewing Member 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 renewed 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: _____