

ALLY APPLICATION FORM

Name of Applicant: _____

Name of loan fund(s) or other financial services, if applicable:

Date of incorporation or foundation of the fund, if applicable: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Website address: _____

Contact person for this application form:

Name: _____ Position: _____

Telephone: _____ Fax: _____

Email: _____

List the staff, board or volunteers of your organization that you would like on the CCINC communication list:

Name	Position	Address	Email

The mission and goals of your organization are:

What economically and socially excluded individuals and communities do you work with?

What type of investments or technical assistance does your organization provide?

Please attach/include a copy of your organization's latest annual report.

Once accepted as a member of CCINC, our contact information can be shared with other CCINC members and allies?

Yes ____ No ____

As a representative of the applicant, I, the undersigned, declare that the information in this application is true and accurate.

Signed: _____ Date: _____

Print name: _____

Position: _____