

# SPORT OAKVILLE

## 2024 MEMBERSHIP APPLICATION



**Mail to:** Sport Oakville  
c/o Department of Recreation &  
Culture 1225 Trafalgar Road  
Oakville, Ontario L6H 0H3

Phone: 905-815-2000  
Fax: (905) 338-4188  
E-Mail: [sport.oakville.info@gmail.com](mailto:sport.oakville.info@gmail.com)  
Website: [www.sportoakville.com](http://www.sportoakville.com)

### TYPE OF MEMBERSHIP

**Individual Membership**      **\$25.00**

Available to any resident of the Town of Oakville who is 18 years age and older with significant interest in the development of sport in Oakville.

**Group Membership**      **\$100.00**

Available to any group with a significant interest in the development of sport in Oakville whose principal mandate must be the direct delivery of sport programs or opportunities, primarily for Oakville residents. A group must be a registered not-for-profit organization (or eligible for this status) which principally operates within the geographic boundaries of the Town of Oakville and which has its primary and permanent mailing address located within the geographic boundaries of the Town of Oakville and has an identifiable organizational structure and verifiable paid membership.

**Associate Membership**      **\$150.00**

Available to any corporation, organization, or business with significant interest in the development of sport in Oakville that does not meet the criteria for Group membership.

**Payment by cheque (or e-transfer to [aggbear1959@gmail.com](mailto:aggbear1959@gmail.com)) to be made out to Sport Oakville.**

### CONTACT INFORMATION

\_\_\_\_\_  
Applicant's Name (Individual member/Organization)

\_\_\_\_\_  
Contact Name (for Organization)

\_\_\_\_\_  
Position/Title

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

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Telephone Number (day)

\_\_\_\_\_  
Phone Number (eve)

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Web Site Address

## Sports Group Information

1. Please state the objectives and functions of your organization.
2. Please attach a listing of your current Board of Directors or Executive Committee, including name, position, email address and phone number.
3. Please state the sports offered and check the category(s) that best applies to your group.

Sports offered: \_\_\_\_\_

<input type="checkbox"/> Female	<input type="checkbox"/> Youth (18 and under)	<input type="checkbox"/> Recreational
<input type="checkbox"/> Male	<input type="checkbox"/> Adult (19 and over)	<input type="checkbox"/> Competitive
		<input type="checkbox"/> Challenger Programs

4. For your organization, please provide the total registration numbers of:

Participants: \_\_\_\_\_ Officials: \_\_\_\_\_ Volunteers: \_\_\_\_\_

### The following information will assist Sport Oakville in serving your needs.

1. What current issues i.e., Advocacy, financial, facility, program etc. affect your sport/group?

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

2. What is your groups priority in the next 6-12 months?

\_\_\_\_\_

3. How do you want SPORT OAKVILLE to assist you in the coming year?

Advocacy \_\_\_\_\_

Programs \_\_\_\_\_

Training \_\_\_\_\_

Marketing \_\_\_\_\_

Funding \_\_\_\_\_

Other \_\_\_\_\_

**For Board Use ONLY**

**Date Received** \_\_\_\_\_

Action \_\_\_\_\_