 Formulaire d’adhésion

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| COORDONNÉES |

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| **Nom du groupe** |  |

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| **Adresse**  |       |

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| **Ville** |       | **Province** |       | **Code postal** |       |

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| **Téléphone** | (     ) |       | **Télécopieur** | (     ) |       |

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| **Courriel** |       | **Site Internet** |       |

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| INFORMATIONS SUR LE GROUPE |

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| **Date de création du groupe** |       | **Date d’incorporation** |       |

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| **Direction/coordination** |       |

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| **Territoire desservi****(Pour la région de Montréal, veuillez indiquer dans quel arrondissement vous êtes situé)** |       |

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| Région administrative |  |

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| **MISSION OU OBJECTIFS DU GROUPE** |

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| Êtes-vous enregistré comme organisme de bienfaisance? | OUI | [ ]  | NON | [ ]  |

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| **RESSOURCES HUMAINES** |

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| Nombre d’employés | Nombre de bénévoles |

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| À temps plein |       |  |  |

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| À temps partiel |       | réguliers |       |

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| Sur des projets |       | occasionnels |       |

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| Sur des programmes de création d’emploi |       |  |

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| Stagiaires |       |  |  |

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| **ACTIVITÉS PRINCIPALES** |

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| NOMBRE TOTAL DE FAMILLES REJOINTES ANNUELLEMENT : |       |

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| **FINANCEMENT** |

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| **SOURCES** | **% DU BUDGET** | **RÉCURRENT** | **NON****RÉCURRENT** |

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| Ministère de la Famille |  |  |  |

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| MSSS |  |  |  |  | **MEMBERSHIP** |

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| PACE |  |  |  |  | Nombre de membres avec cotisation |  |

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| Centraide |  |  |  |  | Nombre de membres sans cotisation |  |

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| Municipalité |  |  |  |  | Coût de la cotisation |  |

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| Fondations |  |  |  |  | Nombre de famille |  |

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| Programme création d’emploi |  |  |  |  | Nombre d’individus |  |

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| Placement carrière-été |  |  |  |

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| Députés |  |  |  |

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| Dons |  |  |  |

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| Cotisations |  |  |  |

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| Autofinancement |  |  |  |

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| Tarification des activités |  |  |  |

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| Autres |  |  |  |

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| **AFFILIATION À D’AUTRES ORGANISMES** |

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| **CONSEIL D’ADMINISTRATION** |

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| **NOMS** | FONCTION AU CA (présidence, vice-présidence, trésorier, secrétaire ou administrateur) | PROVENANCE (Parent utilisateur bénévole, membre de la communauté, partenaire, bailleur de fonds, etc. )(précisez le secteur d’activités si possible) |

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| **INFORMATIONS GÉNÉRALES** |

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| Comment avez-vous connu la Fédération québécoise des organismes communautaires Famille? |

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| Pourquoi sollicitez-vous une adhésion? |

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| **AUTORISATION** |

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| De fournir vos coordonnées sur demande?  | OUI | [ ]  | NON | [ ]  |

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| D’inclure votre adresse et internet? | OUI | [ ]  | NON | [ ]  |
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| **DOCUMENTS À JOINDRE** |

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| Lettres patentes | OUI | [ ]  | NON | [ ]  | Règlements généraux | OUI | [ ]  | NON | [ ]  |

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| Résolution du CA | OUI | [ ]  | NON | [ ]  | Rapport d’activités | OUI | [ ]  | NON | [ ]  |

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| Historique | OUI | [ ]  | NON | [ ]  | États financiers | OUI | [ ]  | NON | [ ]  |

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| Date |  | Nom de la personne ayant rempli le formulaire |  | Titre |