 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 |