Special Act Non-Share Corporation



**CONVERSION TO A SOCIETY** 

SOCIETIES ACT, section 95

Telephone: 1 877 526-1526 www.gov.bc.ca/societies	Mailing Address:	PO Box 9431 Stn Prov Govt Victoria BC V8W 9V3	Courier Address:	200 – 940 Blanshard Street Victoria BC V8W 3E6			
Submitted by: NAME		information pro the authority of assessment. Q	Freedom of Information and Protection of Privacy Act (FOIPPA): Personal information provided on this form is collected, used and disclosed under the authority of the FOIPPA and the Societies Act for the purposes of assessment. Questions regarding the collection, use and disclosure of personal information can be directed to the Manager of Registries				
COMPANY 		Operations at V8W 9V3	1 877 526-1526, PO Box 9	431 Stn Prov Govt, Victoria BC			
СІТҮ		bc.ca. Once you	<ul> <li>the name for the society is available. Go to www.bcregistrynames.gov.</li> <li>bc.ca. Once your name has been approved, enter the name reserved for the society and the name reservation number.</li> <li>Item F&amp;G Constitution and Bylaws Once this form has been mailed, you are required to email copies of the following in an electronic format:</li> <li>the society's constitution.</li> </ul>				
PROV/STATE	POSTAL CODE/ZIP CODE	you are required					
for filing with payment by ch Minister of Finance, or prov	this form to BC Registries and Online Se heque or money order made payable to vide the registry with authorization to det leposit Account. Please pay in Canadian	amendments Please provide th society name and the of the email. This bit the Send the email to	<ul> <li>the society's bylaws (If you are adopting the Model Bylaws without amendments then a copy is not required).</li> <li>Please provide the name reservation number (if applicable), approved society name and the words 'Conversion of Special Act' in the subject line of the email. This will help us to match this form with your email. Send the email to <u>BCRegistries@gov.bc.ca</u></li> <li>Definitions:</li> </ul>				
INSTRUCTIONS: Please review our webpag	ge www.gov.bc.ca/SocietiesOnline for an application to convert a Special Ac	incorporated by a Electronic form t Non- document saved	<ul> <li>Special Act Corporation means a corporation, without share capital, incorporated by a BC Act.</li> <li>Electronic format means Microsoft Word or similar plain text document saved with one of the following file extensions: doc., docx., .wpd., txt., rtf., .pdf.</li> </ul>				
A NAME RESERVED FO	DR SOCIETY		NAME RESERV	ATION NUMBER			

# B MINISTER'S CONSENT

Attach to this form the written consent of the minister for the conversion of the special Act corporation.

### C AUTHORIZATION

Authorized by Special Resolution Date (YYYY MM DD):

## D SPECIAL ACT CORPORATION INFORMATION

Business Number (BN9) if available:

Name of Act incorporated by:

### E CONSTITUTION - PURPOSES OF THE SOCIETY

The constitution must be submitted by email in an electronic format to BCRegistries@gov.bc.ca.

Does the proposed qualify and want to become a Member-Funded Society? Yes No

If yes, the following provision will be added to the society's constitution:

This society is a member funded society. It is funded primarily by its members to carry on activities for the benefit of its members. On its liquidation or dissolution, this society may distribute its money and other property to its members.

#### F BYLAWS

Select one of the following options:

We have created our own bylaws and will submit by email in an electronic format to BCRegistries@gov.bc.ca **Note:** Your bylaws will be uploaded and converted to a PDF file. Retain your original plain text version to refer to when making future alterations.

Adopt the Model Bylaws without change.

G	REGISTERED OFFICE ADDRESSES			
	DELIVERY ADDRESS - (PO Box is not accepted, Postal code required.)	CITY	Prov.	POSTAL CODE
			BC	
	MAILING ADDRESS	CITY	Prov.	POSTAL CODE
			BC	

PRIMARY EMAIL ADDRESS

ALTERNATE EMAIL ADDRESS

#### **H** DIRECTORS

• A society must have a minimum of three directors (individuals) and at least one must be ordinarily resident in BC.

• Member-funded society must have at least one director who is not required to reside in BC.

• Director addresses must be a physical address. Post office box alone is not accepted.

• Full names of directors are required; Initials only are not accepted.

• Attach additional sheet if more space is required.

FIRST NAME	MIDDLE NAME		LAST NAME		
DELIVERY ADDRESS		CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE
FIRST NAME	MIDDLE NAME		LAST NAME		
DELIVERY ADDRESS		CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE
FIRST NAME	MIDDLE NAME		LAST NAME		
DELIVERY ADDRESS		CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE
FIRST NAME	MIDDLE NAME		LAST NAME		
DELIVERY ADDRESS		CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE
FIRST NAME	MIDDLE NAME		LAST NAME		
DELIVERY ADDRESS		CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE
		1			

	TIFICATION - I certify that I have relevant knowledge of the society, and that I am authorized to make this filing.					
	is an offence to make a false or misleading statement in respect of a material				-	
NAME				GNATURE		DATE SIGNED (YYYY MM DD
DELIVERY METH	HOD - Ch	oose one delivery m	nethod for receipt of the so	ciety's certified docume	nts.	1
Society Ema	ail	Other Email Address				
Pickup (Victo	oria only)	Contact Person			Telephone	
By Mail to Registered Office Mailing Address						
By Mail to ar	nother add	ress. Please specify.				
MAILING ADDRES	S		CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE