



WORKING PAPERS • THIS IS AN ONLINE-ONLY PROCESS • DO NOT MAIL OR FAX

These pages will help you prepare to file an Incorporation Application through Societies Online. When you are ready, complete the application by visiting Societies Online (www.bcregistry.ca/societies). The filing fee for incorporation is \$100.

QUESTIONS? Review our website (www.gov.bc.ca/societies), call us at 1 877 526-1526, or send us an email at BCRegistries@gov.bc.ca.

IMPORTANT: Each society requires a constitution, bylaws, at least three (3) directors and a registered office address. Please review the requirements to incorporate a society on our website (www.gov.bc.ca/societies) before filing your incorporation application.

A PRIMARY EMAIL ADDRESS ALTERNATE EMAIL ADDRESS

B NAME OF SOCIETY (You must have an approved name reservation number before incorporating.) NAME RESERVED FOR SOCIETY NAME RESERVATION NUMBER

C APPLICANT NAME(S) AND MAILING ADDRESS(ES) Enter applicant name(s). If an applicant is a corporation or business, enter the full name of the corporation or business. If an applicant is an individual, enter the individual's full name. Attach an additional sheet if more space is required.

CORPORATION / BUSINESS NAME OR INDIVIDUAL CORPORATION / BUSINESS NUMBER FIRST NAME MIDDLE NAME LAST NAME MAILING ADDRESS CITY PROV/STATE COUNTRY POSTAL CODE/ZIP CODE

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D CONSTITUTION Attach an additional sheet if more space is required. The purposes of the society are:

Does your society 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.

E BYLAWS

Select one of the following:

We will create our own bylaws and will upload the file.

NOTE: Your bylaws, once uploaded, will be converted to a PDF. Retain the original plain text version to refer to when making future alterations.

Adopt the Model Bylaws without change.

Please review the Model Bylaws available on our web site (www.gov.bc.ca/societies).

F REGISTERED OFFICE ADDRESS

DELIVERY ADDRESS (PO Box alone is not accepted. Postal Code required.)

CITY

Prov. POSTAL CODE

BC

MAILING ADDRESS (If different from delivery address.)

CITY

Prov. POSTAL CODE

BC

SOCIETY'S PRIMARY EMAIL ADDRESS

ALTERNATE EMAIL ADDRESS

G DIRECTORS

- A society must have a minimum of three (3) directors (individuals) and at least one must be ordinarily resident in BC.
- A member-funded society must have at least one director who is not required to reside in BC.
- A director's full address must be a physical address. A post office box alone is not accepted. A director's address may be their residential address or an address at which the director may be served with records between the hours of 9:00 am and 4:00 pm, local time, Monday to Friday.
- Full names of directors are required. Initials only are not accepted.
- Attach an additional sheet if more space is required.

FIRST NAME

MIDDLE NAME

LAST NAME

ADDRESS

CITY

PROV/STATE

COUNTRY

POSTAL CODE

FIRST NAME

MIDDLE NAME

LAST NAME

ADDRESS

CITY

PROV/STATE

COUNTRY

POSTAL CODE

FIRST NAME

MIDDLE NAME

LAST NAME

ADDRESS

CITY

PROV/STATE

COUNTRY

POSTAL CODE

FIRST NAME

MIDDLE NAME

LAST NAME

ADDRESS

CITY

PROV/STATE

COUNTRY

POSTAL CODE

H CERTIFICATION

NOTE: It is an offence to make a false or misleading statement in respect of a material fact in a record submitted to the Corporate Registry for filing. See section 223 of the *Societies Act*.

I certify that I have relevant knowledge of the society, and that I am authorized to make this filing.

NAME

SIGNATURE

DATE SIGNED (YYYY MM DD)

X

I DELIVERY METHOD - Choose one delivery method for receipt of the society's certified documents.

Society Email

Other Email Address

Pickup (Victoria only)

Contact Person

Telephone

By Mail to Registered Office Mailing Address

By Mail to another address. Please specify.

MAILING ADDRESS

CITY

PROV/STATE

COUNTRY

POSTAL CODE/ZIP CODE