



Please note: all organizations and agencies applying or renewing their partnership in the Mines Action Canada Coalition are required to complete and return this form. Specific reasons will be communicated if an application for partnership is turned down. MAC reserves the right to request additional information or clarification of information provided.

Partnership Renewal Form for _____
Organization name, please print clearly

Main contact for MAC Coalition activities is: _____
Full name and position, please print clearly

Mailing address: _____
Print clearly, be sure to include postal code

Telephone: _____
Please include area code and extension

Fax: _____
Please include area code

Email: _____
Print clearly

Web site: _____
Print clearly

Part I (Required Information)

1) Is your organization/agency currently, or has it ever been, directly or indirectly involved in the production, sale, transfer, storage, or use of antipersonnel mines, antitank mines or cluster bombs or their component parts.

NO YES If yes, please provide details. Use a separate piece of paper if necessary.

2) Is your organization/agency currently, or has it ever been, directly or indirectly involved in any aspect of the arms trade?

NO YES If yes, please provide details. Use a separate piece of paper if necessary.

3) _____ is active as a Canadian:
Organization name, please print

registered charity coalition network not-for-profit organization
student or community group

4) On behalf of _____ I recognize and accept that
Organization name, please print

Mines Action Canada subscribes to and promotes the general orientation of the Bad Honnef Guidelines, the Guidelines for the Care and Rehabilitation of Survivors and the Statement of Principles on Humanitarian Mine Action and as well as the statements and principles adopted or formulated by the MAC Coalition as a whole, the ICBL, its various working groups and individual ICBL member campaigns. MAC Coalition activities in support of these initiatives may include public outreach, policy development, research and dialogue with government, private citizens and other parties both nationally and internationally.

Completed by _____
Your name, please print clearly

Date _____
please print clearly

Enclosed is our cheque payable to Mines Action Canada for

- Full Partnership** **Associate Partnership** **Observer Status**
 The cheque will be forwarded at a later date.

Part II (Supplementary Information)

i) Does your organizational web site listed above contain a section or other information on any aspect of the landmine issue? NO YES

ii) Please provide an overview of the organization's activities and any projects/activities, which in any way relate to the landmine issue (e.g. disability, development, advocacy). Be sure to provide geographic locations (city/prov/country) for projects involving any element of mine action. Information will be compiled and added to the MAC database. This information will enable us to draw upon the strengths and expertise of Coalition partners and observers.

iii) To accurately reflect the strength of the Coalition MAC is seeking permission for the names of MAC partners and observers to appear on Coalition materials, for example, the MAC web site, general information brochures, a list of endorsing or partner organizations on MAC letterhead and similar materials.

I _____ authorize the Mines Action Canada Coalition to use the
your name, please print clearly

organizations name in the manner(s) outlined above.

iv) Media interest in the landmine issue remains high. Over the years MAC has developed a very good working relationship with the media. MAC is frequently asked by local, regional and national media for other contacts on the landmine issue. If you, or someone in the organization you represent, would like to be contacted by the media, please provide details below. **NOTE:** It is understood media contacts speak about their own activities and concerns and do not claim to represent the MAC Coalition or its individual partners. Partner organization names will not appear on MAC press releases without MAC seeking prior permission.

Media contact is: _____
Full name and position, please print clearly

Phone (work): _____ Home: _____
Print clearly, please include area code and extension Print clearly, please include area code and extension