wilderfutures

Good Ideas Incubator Application Form

| First Name: | Last Name: |
|---|--------------|
| Date of Birth: | |
| What type of organization do you represent: | |
| Registered Charity | |
| Non-Profit | |
| Individual | |
| Other: | |
| Name of the organization: | |
| What is the title/role within the above organ | |
| | |
| | |
| Do your organization serve any of the follow | ing causes?: |
| Indigenous Rights | |
| Children and Families | |
| Anti-Racism | |
| LGBTQ+ | |
| Sustainability | |

| Tell us about | your organization | (max 500 words) | : | | |
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| Tell us how yo (max 500 wor | | ould benefit from | partnering with W | /iderFutures Institute | |
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Please submit to hello@wilderfutures.com