

Further information about your organization or project/program:

Please answer the following questions as completely as possible. This will allow the Board of Directors to make a determination as to whether it will endorse your application for membership at the next Annual General Meeting, and which class of membership to recommend.

My organization is working to address the HIV/AIDS or HIV/HCV co-infection epidemics in BC:

- Yes
- No

Please describe your organization's mission:

CREATING A SUPPORTIVE ENVIRONMENT FOR
CANADIANS OF AFRICAN ANCESTRY WHO ARE INFECTED
AND AFFECTED WITH HIV AND AIDS.

My organization is a registered not-for-profit society in the province of BC:

- Yes IN PROCESS
- No

If yes, please provide incorporation number: _____

My organization is based in the province of BC:

- Yes
- No

If no, please indicate where your organization is based (i.e. federally,

Internationally): _____

My organization provides or delivers significant HIV/AIDS or HIV/HCV co-infection programming:

- Yes
- No

If yes, please briefly describe what programs or services your organization provides in the areas of HIV/AIDS or HIV/HCV co-infection:

My organization supports PAN's vision, mission and operating values and principles (please see <http://pacificaidnetwork.org/about/>):

- Yes
 No

My organization has care, prevention, treatment, support, education, advocacy, reduction of vulnerability and/or harm reduction in relation to HIV/AIDS or HIV/HCV co-infection as one of its goals.

- Yes
 No

My organization provides significant and appropriate representation of people living with HIV/AIDS or who are HIV/HCV co-infected:

- Yes
 No

If yes, please briefly describe how people who are living with HIV/AIDS or who are co-infected are involved at your organization (i.e. Board/governance, staffing, volunteers, decision-making process, etc.):

BOARD / GOVERNANCE, VOLUNTEERS, DECISION MAKING,
FACILITATING SEMINARS / MEETINGS ETC.

Declaration:

By signing this form, I attest to the following:

- That all information provided is true;
- That I am authorized to complete this membership application (i.e. Board Chair, Director, Executive Director or key staff person) on behalf of my organization or project/program;
- That I have read the by-laws and constitution of PAN;
- That my organization subscribes to the aims, purposes, and by-laws of PAN.

Signature:  Title: BOARD CHAIR

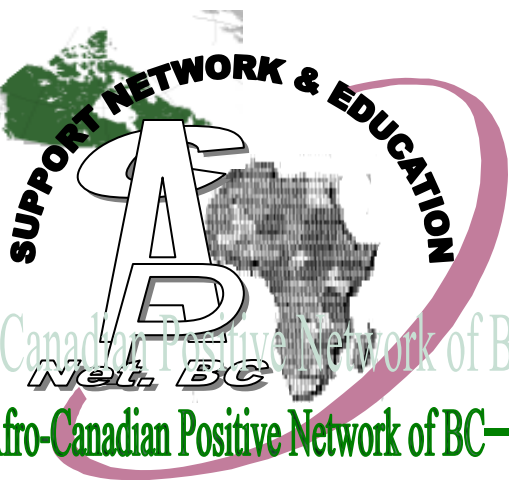
Date: 22-06-10

How to return this membership application to us:

Please complete the first three pages of this form.

You can then either **MAIL US** the original to the following address:
Pacific AIDS Network, P.O. Box 3102, Vancouver, BC V6B 3X6.

Or **SCAN** (ideally as a PDF) AND EMAIL to: membership@pacificaidnetwork.org



**Afro-Canadian Positive Network of BC
Society (ACPNET-BC)**

Ph: 778-865-3520, 604-781-5005

E-mail: acpnetbc@yahoo.ca,
acpnet.bc@gmail.com



BACKGROUND

The Afro-Canadian Positive Network of British Columbia (ACPNET-BC) is an initiative of British Columbia residents of African ancestry living with HIV. Being that Stigma, isolation and rejection by family members are the major factors negatively affecting the wellbeing and health of those affected. People of African ancestry living in the greater Vancouver area who are HIV-positive sought to form this support group with the major objective of helping their fellow African Canadians. This support group has become a family for people living with HIV to help develop a dignified life style and provide companionship for the journey of life as well as palliative care.

VISION:

“ACPNET-BC exists to provide cultural appropriate support and advocacy for Afro-Canadians infected and affected by HIV”.

MISSION STATEMENT

To offer empowerment, education and awareness to people of African ancestry living with HIV to enjoy human rights and lead dignified lives.

PURPOSES:

- Recognition and respect of different cultural and services needs
- Treat HIV Positive People with respect and dignity with due regard to confidentiality
- Respect the right of people’s sexual orientation
- De-stigmatize HIV/AIDS by participating in open, non-judgmental and non-discrimination forums.
- Provide moral and emotional support for those infected and affected by HIV
- Strengthen support services for people living with HIV and their families
- Empower the community to identify available resources and opportunities, for self-sustainability.
- Promote One-to-one counseling, empowering the infected/affected person to make informed decisions, thereby improving the quality of life and facilitating the balance between Rights and Responsibilities.

CONTACTS

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