



Membership Application

Important Information:

Thank you for your organization's interest in joining the Pacific AIDS Network (PAN). PAN has two classes of members, **full/voting** members and **associate** members.

PAN's policy regarding membership may be found beginning on page 4 of this form. Please read this policy, as it outlines the procedure of Board endorsement of any membership application for either full or associate membership status.

Submitting this form does not mean that your organization has become a member. An application for either full or associate membership must be moved by an existing member agency at a PAN Annual General Meeting (AGM), and must be accepted by majority vote (ordinary resolution) of PAN's membership at that AGM.

Please read PAN's Constitution and By-Laws (<http://pacificaidnetwork.org/about/constitution-and-by-laws/>) before completing this membership application.

The submission of this form no less than 30 days before an Annual General Meeting ensures that the application for membership will be moved and discussed. **Please note this form will be presented to all of the voting membership as part of the notice package for the AGM.**

Name of Agency/Organization applying for membership: Central Interior Native Health

Name of Project/Program (if applicable): _____

Name of Executive Director or Board Chair (if applicable): Murry Krause, E.D

Address: 1110-4th Avenue, Prince George, BC V2L 3J3

Telephone: 250.564.4422 E-mail: murry.krause@cinhs.org

Website: www.cinhs.org (launching soon!)

Please list the name of the existing PAN member agency that has agreed to support this application, your key contact person at that agency and their phone number: _____

Positive Living North; Vanessa West; Executive Director.

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:

CINHS strives to recognize the unique health care needs of Aboriginal people and people who live on or close to the street. Our goal is to provide culturally safe and pro-active health care that promotes physical, mental, emotional and spiritual harmony.

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

- Yes
 No

If yes, please provide incorporation number: S-27793

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:

CINHS is currently involved with the STOP HIV initiative program ensuring adequate and relevant treatment options are provided; currently have 61 HIV positive patients, one HIV Nurse - however, our entire team supports these 61 patients.

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.):

Decision making + consultation

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: J.R. Mavira Title: Executive Director

Date: April 11, 2011

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