



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: DR. PETER AIDS FOUNDATION

Name of Project/Program (if applicable): _____

Name of Executive Director or Board Chair (if applicable): MAXINE DAVIS

Address: 1110 COMOX STREET

VANCOUVER BC V6E 1K5

Telephone: 604.331.3454 E-mail: mdavis@drpeter.org

Website: www.drpeter.org

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 Women's Network

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:

The mission statement of the Dr. Peter AIDS Foundation is:

People living with HIV/AIDS will have Comfort Care*.

* Comfort care is holistic care with a commitment to acceptance so strength and hope are possible

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

- Yes
 No

If yes, please provide incorporation number: 5-29810

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:

The Dr. Peter Centre is British Columbia's only HIV/AIDS Day Health Program and 24-hour care Residence with longer-term medically complex care, end-of-life care and short-term stabilization. We provide a broad range of clinical services in a safe and comfortable, therapeutic environment, including health care and treatment support, nutritious meals, counselling services, art and music therapy, and recreational and complementary therapies. Our comprehensive skilled-nursing service includes health assessments, medication assistance, and consultation for symptom management.

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

The Dr. Peter AIDS Foundation actively seeks representation by persons living with HIV/AIDS (PHAs) in governance of the organization both on the board of directors and on board committees. We do not have a specified number of seats on the Board or the Board's committees for PHAs and do not require public disclosure. We also do not require disclosure by our staff or volunteers. I will be discussing with our Governance Committee the approach taken by the Canadian HIV/AIDS Legal Network in regards to this matter. They state a particular percentage of board members are to be HIV positive but also do not require disclosure.

The comprehensive and collaborative model of care at the Dr. Peter Centre recognizes PHAs as important sources of information, knowledge and skills in the design, evaluation and adaptation of our programs. Effective collaborative care involves the individual intended to receive the care. In fact, it puts the individual at the very centre of the collaborative process. Meeting personal health care outcomes not only depends upon adherence to this principle, but our programs are specifically designed to further recognize PHAs as the co-experts in identifying their care needs and ultimately enhancing their health care.

Declaration:

By signing this form, I attest to the following:

- o That all information provided is true;
- o 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;
- o That I have read the by-laws and constitution of PAN;
- o That my organization subscribes to the aims, purposes, and by-laws of PAN.

Signature: Maxine D... Title: EXECUTIVE DIRECTOR

Date: September 16, 2010

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