



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: The MAT Program
Name of Project/Program (if applicable): " " "
Name of Executive Director or Board Chair (if applicable): Suzy Coulter (Clinical Coordinator)
Address: 569 Powell Street Downtown Community Health Centre
Vancouver BC V6A 1G8
Telephone: 604.216.4262 E-mail: suzy.coulter@vch.ca
Website: www.vcha.ca

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: _____

BCPWA

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 MAT Program is an interdisciplinary adherence support program for people living with HIV in the DTES who experience multiple barriers to ARV adherence

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

- Yes
- 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:

The MAT Program is an HIV ARV Adherence Support Program. We have an interdisciplinary team and provide intensive case mgmt for people living with HIV in Vancouver's DTES who are challenged by mental health, addictions and homelessness. ² We are open 7 days/week and do daily outreach to support adherence.

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 honest answer! But want to ↑ peer involvement through perhaps S.T.O.P HIV/AIDS funding!? Hopefully!

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.):

We have had a peer/volunteer position @ MAT but the funding source dried up ~ 6 mos ago.

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: *Stoultz* Title: *Clinical Coordinator*

Date: *July 23 / 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