



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: CATIE

Name of Project/Program (if applicable): _____

Name of Executive Director or Board Chair (if applicable): Laurie Edmiston

Address: 555 Richmond St. West, Suite 505

Toronto, ON M5V 3B1

Telephone: 416-203-7122 E-mail: ledmiston@catie.ca

Website: www.Catie.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: _____

Friends For Life,

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:

(See attached)

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): Toronto, Ontario

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:

CATIE provides free HIV/AIDS information services and support to people living with HIV and their caregivers, to healthcare providers, to AIDS service organizations and related front-line workers. Our services are available nationally and include: 1-800 inquiry service, workshops in English and French, publications, ordering centre, websites, and regional and national partnerships.

CATIE's Mission:

CATIE champions and supports innovation and excellence in knowledge exchange for the prevention of HIV transmission, and the care, treatment and support of people with HIV by:

- collaborating with and building the capacity of front line organizations to use knowledge effectively to respond to the HIV epidemic;
- supporting and connecting people with HIV, other individuals, and organizations to develop, synthesize, share and apply HIV knowledge;
- acting as a central contact point for the flow of comprehensive, accurate, unbiased, timely and accessible HIV information and community-based knowledge.

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.):

CATIE is an equal opportunity employer. Persons living with HIV and/or HCV are encouraged to apply for job postings. Fifty percent of CATIE's Board must be living with HIV

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: [Signature] Title: Executive Director

Date: August 3, 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