



## 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.**

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Name of Agency/Organization applying for membership: HIM-HEALTH INITIATIVE FOR MEN

Name of Project/Program (if applicable): \_\_\_\_\_

Name of Executive Director or Board Chair (if applicable): WAYNE ROBERT (ED)

Address: 310 - 1033 DAVIE ST

VANCOUVER, BC V6E1M7

Telephone: 604-488-1001 E-mail: WAYNE@CHECKHIMONT.CA

Website: WWW.CHECKHIMONT.CA

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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: \_\_\_\_\_

BRIAN CHITCOCK, EXECUTIVE DIRECTOR, AIDS VANCOUVER  
604-696-4655

**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 #1

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

- Yes
- No

If yes, please provide incorporation number: 52966

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:

SEE ATTACHED #2

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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.):

SEE ATTACHED #3

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**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: W. J. K. [Signature] Title: Executive Director

Date: Aug 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](mailto:membership@pacificaidnetwork.org)

## PAN Application Details:

### QUESTION 1: HIM's Mission

Mission: The Mission of HIM is to strengthen gay men's health and well-being through trusted, tailored, targeted research-based health promotion services and by engaging the community through volunteer involvement, online access and events. We foster mutually beneficial relationships among gay men and health professionals to ensure the best possible outcomes.

### QUESTION 2: Briefly describe what programs or services your organization provides in the areas of HIV/AIDS or HIV/HCV co-infection.

HIM provides broadly integrated health promotion to address the determinants of health for gay men. This population is significantly affected by HIV and our programs support both HIV positive and HIV negative men. Direct services addressing the & HIV/HCV co-infection include operation of a sexual health centre providing HIV, HCV, and STI testing, peer support, and professional counselling. In addition, we provide health promotion campaigns aimed at HIV risk reduction and transmission prevention for both negative and positive men.

### QUESTION 3: Briefly describe how people living with HIV/AIDS or who are co-infected are involved at your organization.

HIM relies on volunteers from the gay men's community. There are no barriers to participation based on sero status. HIV status remains confidential, however many participants self-identify. Both HIV negative and HIV positive men have roles as contributors on the board, in advisory groups, group leaders and all levels of volunteer participation.