



## 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/wp-content/uploads/2010/08/Constitution-and-Bylaws-amalgamated-July-2010\\_FINAL.pdf](http://pacificaidnetwork.org/wp-content/uploads/2010/08/Constitution-and-Bylaws-amalgamated-July-2010_FINAL.pdf)) 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: Quesnel Shelter and Support Society

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

Name of Executive Director or Board Chair (if applicable): Melanie MacDonald

Address: 146 Carson Avenue Quesnel BC V2J 2A8

Telephone: 250-991-0222 E-mail: executivedirector@seasonshouse.ca

Website: \_\_\_\_\_

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: \_\_\_\_\_

QUESNEL TILLCUM SOCIETY NATIVE FRIENDSHIP CENTRE - TONY GOULET,  
EXECUTIVE DIRECTOR - (250) 992-8347 - tony.goulet@gnfc.bc.ca



**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 of Quesnel Shelter and Support Society is to create a place of safety and support for homeless individuals in our community, where they can receive shelter, nourishment, and services which foster independence and success. Our Guiding Principles are founded on Harm Reduction, minimal barriers, and Housing First Philosophy. We support members of our community in their time of need, and work towards a greater good. We are tireless in our efforts to serve those seeking help. Our non-profit organization serves people of all races, creeds, religions, sexual orientation and gender identity. We do not discriminate.

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

- ☒ Yes  
☐ No

If yes, please provide incorporation number: S52454

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:

Seasons House Emergency Shelter operates an Emergency Shelter Program, Transitional Housing Program, Supportive Recovery program, Housing First Program, Drop in Program and access to health services with a Nurse Practitioner as well as our Public Health Street Nurse. We distribute Harm Reduction supplies and are the busiest distribution site in our community due to our minimal barrier, harm reduction approach where individuals feel comfortable, as well as our 24hr availability. We offer support and education to staff and guests around many topics, not limited to but including, sexual health, STI's, HIV/AIDS, universal precautions, harm reduction, as well as Narcan Training. We are in the planning stages of a new sexual health clinic onsite. This is a partnership with our Public Health Street Nurse and aimed to reach more marginalized individuals as numbers are down at other community clinics.

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.):

At this point in time, this is only done informally through discussions with guests on how we can serve and accommodate them best if they disclose.

#### 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: M MacDonald Title: Executive Director

Date: February 5th, 2016

#### 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)