



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 criteria may be found beginning on page 4 of this form. Please read this policy, as it outlines the criteria and process by which PAN's Board decides whether to endorse your application, and which class of membership it will recommend.

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If you have any questions about how to complete this membership application, please contact Simon Goff, PAN's Executive Assistant, at simon@pacificaidnetwork.org.

Name of Agency/Organization applying for membership: Progressive Intercultural Community Services

Name of Project/Program (if applicable): HIV and Viral Hepatitis Intervention

N/A Name of Executive Director or Board Chair (if applicable): Among BC's At Risk Immigrants and Refugees through Alignment between Social Services provided

Address: 205-1275 80th Avenue
Surrey BC V3W 3A6

Telephone: 604-596-7722 E-mail: sonia.chandhary@pics.bc.ca

Website: PICS.bc.ca

Required: Please list the name of the existing PAN member organization/agency that has agreed to support this application, your key contact person there and their phone number:

YOUTHCO Sarah Chown 604-688-1441

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.

1. My organization is working to address the HIV and/or the hepatitis C epidemics in BC:

- Yes
 No

2. Please describe your organization's mission:

To promote harmony and intercultural understanding for the purpose of building a more inclusive and mutually respectful society.

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

- Yes
 No

If yes, please provide incorporation number: 8-22870

4. My organization is based in the province of BC:

- Yes
 No

If no, please indicate where your organization is based (i.e. federally, internationally):

Vancouver & Surrey BC

5. My organization provides or delivers significant HIV, hepatitis C and/or related programming:

- Yes
 No

If yes, please briefly describe what programs or services your organization provides addressing the HIV and/or the hepatitis C epidemics:

We have been running an AIDS/HIV awareness and education project - since 2005 to spread awareness about - this global issue, protection and prevention strategies, information like where to get tested and Sexual Health. The project is targeted at youth.

6. My organization supports PAN's vision, mission and operating values and principles (please see <http://pacificaidnetwork.org/about/>):

- Yes
 No

7. My organization has care, prevention, treatment, support, education, advocacy, reduction of vulnerability and/or harm reduction in relation to HIV and/or hepatitis C infection and/or related communicable diseases and conditions, as one of its goals:

- Yes
 No

8. My organization provides significant and appropriate representation people with lived experience (PWLE) of HIV and/or hepatitis C and/or related communicable diseases and conditions:

- Yes
 No

If yes, please briefly describe how people with lived experience (PWLE) are involved at your organization (i.e. Board/governance, staffing, volunteers, decision-making process, etc.):

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: Sonik Chandhary Title: Director, Health & Aging Services
Date: 8/15/17

How to return this membership application to us:

Please complete the first three pages of this form.

Next either:

MAIL the original to Pacific AIDS Network, 603 – 402 West Pender St., Vancouver, BC V6B 1T6

or

SCAN (ideally as a PDF) and **EMAIL** to: membership@pacificaidnetwork.org



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Name of Agency/Organization applying for membership: SOUTHSIDE HEALTH + WELLNESS CENTRE
Name of Project/Program (if applicable): HIV/HEP C Awareness/Prevention/Treatment
Name of Executive Director or Board Chair (if applicable): Aileen Serle
Address: 27920 Wellness Way, Burns Lake BC V0J 1E4
(physical location: Grassy Plains)
Telephone: 250 694 3270 E-mail: aileen.serle@northernhealth.ca
Website: www.southsidewellness.ca

Required: Please list the name of the existing PAN member organization/agency that has agreed to support this application, your key contact person there and their phone number:

POSITIVE LIVING NORTH, Melanie Monds/Vanessa West, 250-562-1172

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.

1. My organization is working to address the HIV and/or the hepatitis C epidemics in BC:

- Yes
 No

2. Please describe your organization's mission:

We are located in a small rural community. We have small numbers of HIV/Hep C positive clients we care for. Our focus is around education and prevention through workshops, outreach

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

- Yes
 No

If yes, please provide incorporation number: S-0046853

4. My organization is based in the province of BC:

- Yes
 No

If no, please indicate where your organization is based (i.e. federally, internationally):

5. My organization provides or delivers significant HIV, hepatitis C and/or related programming:

- Yes
 No

? see below

If yes, please briefly describe what programs or services your organization provides addressing the HIV and/or the hepatitis C epidemics:

We are a small health centre, and we currently have <5 people on our panel known to be HIV/Hep C positive. We provide primary care for this group of people. We are also involved in outreach (education & prevention) at community events. We will soon have ability to do HIV POC testing: the only providers in the area who will do so.

6. My organization supports PAN's vision, mission and operating values and principles (please see <http://pacificaidnetwork.org/about/>):

- Yes
 No

7. My organization has care, prevention, treatment, support, education, advocacy, reduction of vulnerability and/or harm reduction in relation to HIV and/or hepatitis C infection and/or related communicable diseases and conditions, as one of its goals:

- Yes
 No

8. My organization provides significant and appropriate representation people with lived experience (PWLE) of HIV and/or hepatitis C and/or related communicable diseases and conditions:

- Yes
 No

If yes, please briefly describe how people with lived experience (PWLE) are involved at your organization (i.e. Board/governance, staffing, volunteers, decision-making process, etc.):

Declaration:

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- 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: AM Dule Title: Centre Coordinator

Date: Aug 30/17

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**MEMBERSHIP CLASS CHANGE TO FULL MEMBER:
ENDORSED BY: AVI, KATRINA JENSEN,**

Membership Renewal 2017

Response for: deb@pacifichepc.org

Completed: 7/25/2017 1:21 PM PDT

Text Block :

Thank you for taking the time to complete this PAN membership renewal process. ♦ This email is confirmation of your submission.

1 Personal Information

Name: **Deb Schmitz**
Job Title: Operations Manager
Company Name: Pacific Hepatitis C Network
Work Phone: 604 740 1092
Email Address: deb@pacifichepc.org
Address: 101 - 76 Gorge Road West
Victoria, BC V9A 1M1
Website: www.pacifichepc.org

2 Designated representative to PAN (if different from 1) and title: ♦

3 Designated representative's email (if different from 1): ♦

4 Please state your vision or mission: ♦

5 What diseases or conditions do the programs/ services at your agency address? ♦ (Tick all that apply) ♦

<input type="checkbox"/>	HIV monoinfection
<input checked="" type="checkbox"/>	HCV monoinfection
<input checked="" type="checkbox"/>	HIV/HCV coinfection
<input checked="" type="checkbox"/>	At risk
<input type="checkbox"/>	Other

6 Please describe how people with lived experience (PWLE) are involved in your organization.

<input type="checkbox"/>	PWLE are on our staff and board and as such are involved in all aspects of our work: governance, management, direct service, education, awareness and advocacy.
--------------------------	---

7 Which Health Authority is your major funder?

Answer	
<input type="checkbox"/>	Island
<input type="checkbox"/>	Interior
<input type="checkbox"/>	Northern
<input type="checkbox"/>	Vancouver Coastal
<input type="checkbox"/>	Fraser
<input type="checkbox"/>	FNHA
<input checked="" type="checkbox"/>	PHSA
<input type="checkbox"/>	None

8 In which region(s) do you provide programs/ services? (Tick all that apply)

Answer	
<input type="checkbox"/>	Island
<input type="checkbox"/>	Interior
<input type="checkbox"/>	Northern
<input type="checkbox"/>	Vancouver Coastal
<input type="checkbox"/>	Fraser
<input checked="" type="checkbox"/>	Province-wide

Text Block :

Declaration By submitting the above information I attest to the following: * That all information provided is true; * That I am authorized to complete this membership renewal (i.e. Board Chair, Director, Executive Director or alternate) on behalf of my organization or project team; * That I have read the bylaws and constitution of PAN; * That my organization subscribes to the aims, purposes and bylaws of PAN

9 Confirmation* By ticking the Yes box below I am agreeing to maintain my agency's/

organization's membership with the Pacific AIDS Network Society.* By ticking the No box below I am choosing not to maintain my agency's/ organization's membership with the Pacific AIDS Network Society. I also acknowledge the need for my agency to re-apply should we ever wish to re-instate our membership.◆

Answer	
<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No



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Name of Agency/Organization applying for membership: Fort Nelson Aboriginal Friendship Society

Name of Project/Program (if applicable): Hiv/Aids Harm Reduction Coordinator

Name of Executive Director or Board Chair (if applicable): Linda Ashdown

Address: 5008 49th Ave

Telephone: 250-774-2443 E-mail: hiv.fnafs@northwestel.net

Website: www.fnafs.org

Required: Please list the name of the existing PAN member organization/agency that has agreed to support this application, your key contact person there and their phone number:

POSITIVE LIVING NORTH, Melanie Monds/Vanessa West, 250-562-1172

Further information about your organization or project/program:

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1. My organization is working to address the HIV and/or the hepatitis C epidemics in BC:

- Yes
- No

2. Please describe your organization's mission:

The FNAFS is committed to assisting in the transition
of Aboriginal people to the urban community. The center provides
programs and events that enhance self-esteem and
positive growth for Aboriginal and Non-Aboriginal

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

- Yes
- No

If yes, please provide incorporation number: 50011370

4. My organization is based in the province of BC:

- Yes
- No

If no, please indicate where your organization is based (i.e. federally, internationally):

5. My organization provides or delivers significant HIV, hepatitis C and/or related programming:

- Yes
- No

If yes, please briefly describe what programs or services your organization provides addressing the HIV and/or the hepatitis C epidemics:

HIV/AIDS awareness, support program
Harm Reduction Outreach program

6. My organization supports PAN's vision, mission and operating values and principles (please see <http://pacificaidnetwork.org/about/>):

- Yes
 No

7. My organization has care, prevention, treatment, support, education, advocacy, reduction of vulnerability and/or harm reduction in relation to HIV and/or hepatitis C infection and/or related communicable diseases and conditions, as one of its goals:

- Yes
 No

8. My organization provides significant and appropriate representation people with lived experience (PWLE) of HIV and/or hepatitis C and/or related communicable diseases and conditions:

- Yes
 No

If yes, please briefly describe how people with lived experience (PWLE) are involved at your organization (i.e. Board/governance, staffing, volunteers, decision-making process, etc.):

We have brought PLU to our community several times in the past
to put on presentations, Front Line Warriors.
We provide support and advocacy and address the stigma
surrounding issues related HIV/AIDS & HCV.

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- 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: [Signature] Title: HIV/AIDS Harm Reduction Coordinator

Date: July 31/17

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Name of Agency/Organization applying for membership: _____

Name of Project/Program (if applicable): _____

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

Address: _____

Telephone: _____ E-mail: _____

Website: _____

Required: Please list the name of the existing PAN member organization/agency that has agreed to support this application, your key contact person there and their phone number:

Further information about your organization or project/program:

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1. My organization is working to address the HIV and/or the hepatitis C epidemics in BC:

- Yes
- No

2. Please describe your organization's mission:

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

- Yes
- No

If yes, please provide incorporation number: _____

4. My organization is based in the province of BC:

- Yes
- No

If no, please indicate where your organization is based (i.e. federally, internationally):

5. My organization provides or delivers significant HIV, hepatitis C and/or related programming:

- Yes
- No

If yes, please briefly describe what programs or services your organization provides addressing the HIV and/or the hepatitis C epidemics:

6. My organization supports PAN's vision, mission and operating values and principles (please see <http://pacificaidsnetwork.org/about/>):

- Yes
- No

7. My organization has care, prevention, treatment, support, education, advocacy, reduction of vulnerability and/or harm reduction in relation to HIV and/or hepatitis C infection and/or related communicable diseases and conditions, as one of its goals:

- Yes
- No

8. My organization provides significant and appropriate representation people with lived experience (PWLE) of HIV and/or hepatitis C and/or related communicable diseases and conditions:


- Yes
- No

If yes, please briefly describe how people with lived experience (PWLE) are involved at your organization (i.e. Board/governance, staffing, volunteers, decision-making process, etc.):

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Signature: _____  Title: _____

Date: _____

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2. Please describe your organization's mission:

- To provide education and support to people living with or recovering from viral hepatitis, and their families;
- To educate the public, healthcare providers, and policy makers about viral hepatitis prevention, testing, treatment, stigma, and research;
- To monitor and support policies which will result in the elimination of viral hepatitis; and
- To provide a safe and collective forum for people with lived experience of viral hepatitis to express their voices, and to translate the patient experience so it can be incorporated into best practices.

5. Programs or services addressing hepatitis C epidemic:

HCV education includes events, brochures, website, social media, bus ads, and in-person presentations to various groups including patients, medical personnel, caregivers, those at risk of transmission, and the general public. We target ethnic groups from endemic countries, MSM, aboriginal and rural remote communities, those in the sex trades, current and former prisoners, injection and intranasal drug users, and the homeless - with particular emphasis on members of these groups born in the age group born 1945 - 1975 which is particularly vulnerable to HCV related morbidity and mortality. Also we provide phone and email peer support to HCV+ patients and their caregivers. We submit patient group reviews of new treatments to CADTH and BC Pharmacare, provide leadership for World Hepatitis Day events, and participate in Action Hepatitis Canada and the World Hepatitis Alliance.

8. How people with lived experience (PWLE) are involved at HepCBC (i.e. Board/governance, staffing, volunteers, decision-making process, etc.):

HepCBC has developed the "HCV Manifesto" which transforms GIPA/MIPA ideals into the HCV context. New Bylaws stipulate that our Board reserves 30% of its seats for individuals with lived experience (of HBV or HCV) who have openly disclosed their status, or are willing to do so. New Policy Manual stipulates that any hiring committee must consist of minimum 50% members with lived experience. If job candidates have same or similar qualifications, preference is to be given to those with lived experience. Volunteers are trained by those with lived experience. Every initiative and decision is delivered and made with input from those with lived experience. Ongoing evaluation of initiatives also includes patient input to ensure sensitivity, specificity, and effectiveness.



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Name of Agency/Organization applying for membership: North Coast Transition Society

Name of Project/Program (if applicable): Community-based Services in Response

Name of Executive Director or Board Chair (if applicable): Christine White
to HIV + HCV

Address: 1402 Park Avenue, Prince Rupert V8J3W6

Telephone: 250 627 8959, 21 E-mail: cwncts@citywest.ca

Website: ncts.ca and pmncts@citywest.ca

Required: Please list the name of the existing PAN member organization/agency that has agreed to support this application, your key contact person there and their phone number:

POSITIVE LIVING NORTH, Melanie Monds/Vanessa West, 250-562-1172

Further information about your organization or project/program:

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1. My organization is working to address the HIV and/or the hepatitis C epidemics in BC:

- Yes
 No

2. Please describe your organization's mission:

Attached Mission Statement

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

- Yes
 No

If yes, please provide incorporation number: S 15801

4. My organization is based in the province of BC:

- Yes
 No

If no, please indicate where your organization is based (i.e. federally, internationally):

5. My organization provides or delivers significant HIV, hepatitis C and/or related programming:

- Yes
 No

If yes, please briefly describe what programs or services your organization provides addressing the HIV and/or the hepatitis C epidemics:

Education + front-line support

6. My organization supports PAN's vision, mission and operating values and principles (please see <http://pacificaidnetwork.org/about/>):

- Yes
 No

7. My organization has care, prevention, treatment, support, education, advocacy, reduction of vulnerability and/or harm reduction in relation to HIV and/or hepatitis C infection and/or related communicable diseases and conditions, as one of its goals:

- Yes
 No

8. My organization provides significant and appropriate representation people with lived experience (PWLE) of HIV and/or hepatitis C and/or related communicable diseases and conditions:

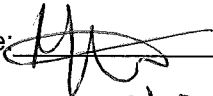
- Yes
 No

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- That my organization subscribes to the aims, purposes, and by-laws of PAN.

Signature:  Title: Christine White Executive Director
Date: Aug, 23rd 2017

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North Coast Transition Society Vision/Mission Statement

Vision Statement

Building a safe, inclusive society through empowerment, education and support, to achieve equality and social justice for all

Mission Statement

As a feminist organization,

- We actively support individuals and families in their efforts to live free from violence and abuse
- We provide safe housing and empowering environments for individuals and families
- We are committed to social justice through collaboration, community education and advocacy

Core Values

RESPECT - honoring the inherent worthiness & wisdom of each person

EQUALITY - for all persons; every person

HOPE - the inspiring & contagious courage of personal change

EMPOWERMENT - fostering each person's own strengths & abilities

INTEGRITY - through living out our values through our words & actions

SECURITY - uncompromising in our commitment to the *safety* of NCTS clients & employees



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Name of Agency/Organization applying for membership: SARA For Women

Name of Project/Program (if applicable): Susan Bhatti

Name of Executive Director or Board Chair (if applicable): Monika Verma

Address: 33070 5th Ave Mission, BC V4W 4J3

Telephone: 604 746 3301 E-mail: susanb@saraforwomen.ca

Website: www.saraforwomen.ca

Required: Please list the name of the existing PAN member organization/agency that has agreed to support this application, your key contact person there and their phone number:

Positive Living Fraser Valley, Kari Hackett
director@PIFV.org; 1604 854 1105

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.

1. My organization is working to address the HIV and/or the hepatitis C epidemics in BC:

- Yes
 No

2. Please describe your organization's mission:

We are feminist Society providing safe refuge and community-based resources for women & children. We promote & support women's efforts to achieve domestic, political, and social equality.

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

- Yes
 No

If yes, please provide incorporation number: 11904 3461 BR0004

4. My organization is based in the province of BC:

- Yes
 No

If no, please indicate where your organization is based (i.e. federally, internationally):

5. My organization provides or delivers significant HIV, hepatitis C and/or related programming:

- Yes
 No

If yes, please briefly describe what programs or services your organization provides addressing the HIV and/or the hepatitis C epidemics:

Peer based program. Our program coordinator and program peers have lived experience and are living with HIV/HEPC or they have contracted Hep C. We receive Fraser Health funding to work strictly with women & children.

6. My organization supports PAN's vision, mission and operating values and principles (please see <http://pacificaidnetwork.org/about/>):

Yes
 No

7. My organization has care, prevention, treatment, support, education, advocacy, reduction of vulnerability and/or harm reduction in relation to HIV and/or hepatitis C infection and/or related communicable diseases and conditions, as one of its goals:

Yes
 No

8. My organization provides significant and appropriate representation people with lived experience (PWLE) of HIV and/or hepatitis C and/or related communicable diseases and conditions:

Yes
 No

If yes, please briefly describe how people with lived experience (PWLE) are involved at your organization (i.e. Board/governance, staffing, volunteers, decision-making process, etc.):

our Program Coordinator discussed her lived experience as HepC positive. our program peers also share their lived experience with women with support groups. Our peers work with Minority child families to reduce stigma to mother living with HIV.

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: [Signature] Title: Program Manager

Date: August 23 2017.

How to return this membership application to us:

Please complete the first three pages of this form.

Next either:

MAIL the original to Pacific AIDS Network, 603 – 402 West Pender St., Vancouver, BC V6B 1T6

or

SCAN (ideally as a PDF) and **EMAIL** to: membership@pacificaidnetwork.org