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| **Board of Directors**#7-7201 Vedder RoadChilliwack, BC V2R 4G5 | Phone: 604-858-0113Fax: 604-824-5326Toll Free: 1-800-663-9393 |  |

**Fraser Valley Aboriginal Children and Family Services Society**

**FVACFSS MEMBERSHIP APPLICATION FORM**

**STEPS TO BECOME A MEMBER OR RENEW MEMBERSHIP**

In order to become a member of FVACFSS and vote at the Annual General Meeting on November 21, 2022 you will require a valid FVACFSS membership card (**i.e. signed by two Board Directors and with a date that has not expired**). If you would like to renew your membership or become a member of the Society, please fill in the information below and submit it to FVACFSS at the contact details below, or bring the form and your Identification with you to the meeting for processing during registration between 4:00pm and 6:00pm.

**WHO IS ELIGIBLE TO BECOME A MEMBER**

Individuals who are entitled to be members of the Society are “Aboriginal People” over the age of 18 and who:

1. Reside Off reserve and within the FVACFSS Geographic Service Area.
2. Reside On a reserve of a First Nations Community located within the FVACFSS Geographic Service Area, and such First Nations Community has committed to receive services from FVACFSS by way of a Band Council Resolution.

Individuals who reside outside of the FVACFSS Geographic Service Area, or on the Reserve of a First Nation Community that does not receive services from FVACFSS, are not eligible to be members of the Society. If you have any questions about membership eligibility, contact Carissa Gray, by phone at 236-984-5362, or e-mail her at agm@xyolhemeylh.bc.ca

**MEMBER APPLICANT INFORMATION**

Please fill in the following information and mail or hand deliver it to Carissa Gray at #7 - 7201 Vedder Road, Chilliwack, BC V2R 4G5 or via e-mail at agm@xyolhemeylh.bc.ca You may also bring the completed form with you to the meeting venue prior to the **registration cut off of 6:00pm**. All members attending the AGM are required to bring two pieces of identification in order to register as a voting member: (1) proof of identification with a signature that matches their membership application form (i.e. valid passport, drivers license, Status Card, etc.) as well as, (2) a document confirming your current residential address (i.e. utility bill or other recently dated document with your residential address).

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| Name (as written on I.D.) | Affiliation (First Nations, Métis, Inuit) | 18 or over (Yes/No) |
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| If you live On Reserve, please provide the name of Reserve:  |

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| --- | --- | --- |
| Street Address | City / Town | Postal Code |
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| Phone Number | E-mail Address |
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| **Signature of Applicant** |  | **Date of Application** |

**FVACFSS BOARD USE ONLY**

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| ID with Signature (confirmed) | Proof of Residency (confirmed) | Assigned Membership Card Number |
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