

APPLICATION FOR MEMBERSHIP ON
Reaching Home: Indigenous Community Advisory Board

DATE: _____

MEMBERSHIP:

Full: Voting privileges (one vote per agency / organization / community member). Please note that full members are required to attend all scheduled meetings or send their alternative.

TYPE OF MEMBER (Organization Representative or Community Member at Large):

NAME OF AGENCY/ORGANIZATION (If Applicable):

OBJECTIVE/GOAL OF AGENCY/ORGANIZATION/COMMUNITY MEMBER:

REASON FOR SEEKING MEMBERSHIP:

PLEASE assign a PRIMARY and an ALTERNATE MEMBER for your Agency/ Organization/ Community Member at Large:

PRIMARY MEMBER:

Member Name:			
Organization:			
Address:			
Primary Phone:		Cell Phone:	
Fax:			
Email:			

ALTERNATE:

Member Name:			
Organization:			
Address:			
Primary Phone:		Cell Phone:	
Fax:			
Email:			