

Become a Member and Join our Community of Professionals!

AFOA Canada membership is one of the keys to a successful career. Membership provides you with the resources and tools that assist you and your team in bringing value to your organization and community. AFOA Canada and its Chapters link you to mentoring, networking, professional development, job search resources, plus guidance on earning your Certified Aboriginal Financial Management (CAFM), Certified Aboriginal Professional Administration (CAPA) designations, Certified Indigenous Leadership (CIL) and Certified Indigenous Human Resources Professional (CIHRP)!



MEMBERSHIP CATEGORIES

We welcome members who support the advancement of Indigenous management, finance and leadership and are committed to upholding AFOA Canada's standards of ethical conduct. We currently offer the following membership categories:

REGULAR MEMBER

For all individuals who have an interest in Indigenous finance and management and do not fit into other categories.

RETIRED MEMBER

For individuals who have permanently retired from the work force and are not gainfully employed in any capacity. Please include a letter indicating that you are officially retired.

STUDENT MEMBER

For individuals who are enrolled full-time in high school or post-secondary education. Please attach proof of student status with your application and annually at time of membership renewal.

TRADITIONAL ELDER MEMBER

For individuals who are recognized as a Traditional Elder within the Indigenous community. A letter from the Elder's community is required.

CORPORATE MEMBER

For organizations that support AFOA Canada and its mission and goals and would like access to AFOA Canada's Corporate Benefits Program. Please contact AFOA Canada for more information.





FOR MORE INFORMATION CALL 1-866-722-2362 OR VISIT <u>www.afoa.ca</u>

APPLICATION

PLEASE COMPLETE AND RETURN TO AFOA CANADA BY MAIL, FAX OR EMAIL TO:

AFOA Canada / 301-1066 Somerset St. West, Ottawa, ON K1Y 4T3

] Mr [] Ms [] Mrs Nam	ne			D	esignation(s)	
HOME Address				City	Prov	PC
Home Phone		Mobile		Home Email		
DRGANIZATION Name				Title		
Organization Address				City	Prov	PC
Nork Phone		Mobile		Work Email		
ADDITIONAL INFO	RMATI	ON REC	UIRED	OPTIONAL INFOR	MATION	
Please send correspondence to [] Home [] Organization				Are you [] First Nations? [] Métis? [] Inuit?	[] Non-Indigenous?
anguage of preference [] En	glish [] Fr	ench		What age category applies to y	ou? [] 18 or less	[] 19 to 29 [] 30 to 39
our dues are paid by [] Empl	oyer [] Y	ourself		[] 40 to 49		
CONSENT FOR COL	LECTIO	ON, USE	AND DISCLOS	URE OF INFORMATION	ON	
YES By selecting YES, I co	onsent to th	e collection,	use and disclosure of my	personal information during the c	ourse of my members	ship
				which is available on the AFOA Ca		
NO By selecting NO, I co AFOA Chapters to co			ersonal information only	r for the purpose of permitting AFC	OA Canada and/or	
CONDITION OF ME	EMBER!	SHIP (R	UNS FROM JAI	NUARY 1ST TO DECE	MBER 31sT)	
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APPLICANT'S SIGNATURE

I hereby submit my application for membership with AFOA Canada and the AFOA Chapter, where applicable. I agree to be bound by the AFOA Canada Membership Code, a copy of which is available by request or on the AFOA Canada website.

AFOA Canada / 301-1066 Somerset St. West, Ottawa, ON K1Y 4T3 613-722-5543 Toll-Free: 866-722-2362 Fax: 613-722-3467





DATE