

MEMBERSHIP

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:

ASSOCIATE MEMBER

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

CERTIFIED MEMBER

For individuals who have received the CAFM, CAPA, CIL, and/or CIHRP Designation

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.



AFOA CANADA

Building a Community of Professionals



**FOR MORE INFORMATION
CALL 1-866-722-2362
OR VISIT www.afoa.ca**



Return the completed **Membership Application** form to AFOA Canada by

mail, fax or email to: **AFOA Canada**

301-1066 Somerset Street West, Ottawa, ON K1Y 4T3

Fax: (613) 722-3467 Email: membership@afoa.ca

Contact Information

Mr Ms Mrs Mx Name: _____

Title: _____ Designation(s): _____

ORGANIZATION Name: _____

Organization Address: _____

City: _____ Prov: _____ PC: _____

Work Phone: _____ Cell: _____

Work Email: _____

HOME Address: _____

City: _____ Prov: _____ PC: _____

Home Phone: _____ Cell: _____

Home Email: _____

Additional Information Required

Optional Information

Please send correspondence to: Home Organization Are you: First Nations Métis Inuit Non-Indigenous

Language of Preference: English French What age category applies to you?: 18 or less 19 to 29

Are your dues paid by: Employer Self 30 to 39 40 to 49 50 to 64 65 +

Membership Chapters & Categories

Membership Fees Due

	Associate	Certified	Student	Retired	Elder
<u>AB</u>	<input type="checkbox"/> \$385	<input type="checkbox"/> \$485.00	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$30	<input type="checkbox"/> \$25.00
<u>ATL (NL, NB, PE, NS), ON & SK</u>	<input type="checkbox"/> \$310	<input type="checkbox"/> \$360.00	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$30	<input type="checkbox"/> \$25.00
<u>BC</u>	<input type="checkbox"/> \$410	<input type="checkbox"/> \$460.00	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$30	<input type="checkbox"/> \$25.00
<u>MB</u>	<input type="checkbox"/> \$310	<input type="checkbox"/> \$410.00	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$30	<input type="checkbox"/> \$25.00
<u>NT & YT</u>	<input type="checkbox"/> \$160	<input type="checkbox"/> \$210.00	<input type="checkbox"/> \$12.50	<input type="checkbox"/> \$15	<input type="checkbox"/> \$12.50
<u>NU & QC (includes Labrador)</u>	<input type="checkbox"/> \$260	<input type="checkbox"/> \$310.00	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$30	<input type="checkbox"/> \$25.00

Include Documentation

Amount Due \$

REGULAR DUES:

for AB, BC, MB, SK = **5% GST**

for NT, NU, ON, QC & YT = **13% HST**

for NB, NL, NS & PE = **15% HST**

STUDENT, RETIRED & ELDER DUES = 13% HST

Membership dues below \$300 subject to 13% HST

Total Due: \$ _____

Application Continues : Following Page





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Fax: (613) 722-3467 **Email:** membership@afoa.ca

Consent for Collection, Use and Disclosure of Information

- Yes By selecting **YES**, I consent to the collection, use and disclosure of my personal information during the course of my membership for the purposes set out in the AFOA Canada Privacy Policy, a copy of which is available on the AFOA Canada website.
- No By selecting **NO**, I consent to the use of my personal information only for the purpose of permitting AFOA Canada and/or AFOA Chapters to communicate with me.

Condition of Membership - Membership runs from January 1st to December 31st

A condition of membership in AFOA Canada requires all applicants to join the AFOA Chapter located in the applicant’s province/territory where one exists. AFOA Chapters are currently in operation in Alberta, Atlantic, British Columbia, Manitoba, Nunavut, Ontario, Québec and Saskatchewan.

Please note that memberships are non-transferable

Payment Options

I am paying by : Cheque Enclosed Invoice me VISA MasterCard American Express

Credit Card Number: _____ Expiry (mm/yy): _____ / _____

CVV: _____ Postal Code: _____ Signature: _____

Additional Options

By selecting this box, the above noted member is consenting to receiving updates and promotions regarding the Association by mail and electronically (emails and newsletters) from AFOA Canada. You may withdraw your consent at any time.

I would like to make a donation to the Indigenous Learning Centre (ILC) in the amount of *: \$ _____
**A tax receipt will be provided at calendar year-end for donations \$25 and more, upon request.*

Referred by AFOA Member: _____

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.

Applicant’s Signature _____ Date _____