



B.C. ABORIGINAL NETWORK ON DISABILITY SOCIETY (BCANDS)
APPLICATION FOR MEMBERSHIP

General Membership Eligibility:

- (1) Any Aboriginal Person over the age of sixteen (16) with a disability.
- (2) The guardian or parent of an Aboriginal person with a disability.
- (3) Individuals who works with disabled Aboriginal persons.

Associate Membership Eligibility:

- (1) Persons, corporations, societies and organizations that subscribe to and support the vision, mission and work of the B.C. Aboriginal Network on Disability Society.

*Currently there is no fee for membership. BCANDS members enjoy access to the Society's quarterly newsletter "Voices and Visions" and periodic news and events updates. Both the newsletter and period updates are only available via email.

Applicant's name: _____ Contact Telephone: (_____) _____
Mailing Address: _____ Postal Code: _____
City / Town / Community: _____ Email: _____

General Membership (As per above requirements – See Membership Eligibility Definitions)

General Membership:

I am applying as: (Please select one)

- An Aboriginal person with a disability over 16 years of age
- The guardian or parent of an Aboriginal person with a disability
- An individual who works with disabled Aboriginal persons

Ancestry: (Please select one) First Nations (Status) First Nations (Non-Status) Inuit Métis
 Other (Please describe): _____

Associate Membership (As per above requirements - See Membership Eligibility Definitions)

Name of person applying and organization (if applicable): _____
Mailing Address: _____ City / Town / Community: _____
Postal Code: _____ Contact Telephone: (_____) _____
Email: _____

Signature of Applicant

Date: _____