

Please complete the form in full and submit to ARAISA (see complete submission information at the end of the form). To ensure eligibility, please review the ARAISA Membership eligibility criteria at www.araisa.ca.

NOTE: Fields marked with * are required.

Date of Application: _____ Day/Month/Year

Applicant Information and Statement Please fill in this section even if the applicant is one of the representatives.

* Your name: _____ * Your position: _____

* Email: _____

By submitting this form I certify that I am authorized to apply for ARAISA membership on behalf of my agency.

Applying for – Application Type - see ARAISA Membership eligibility criteria at www.araisa.ca

Full Membership

Associate Membership

Please explain why you want to join ARAISA?

Agency/Organization Contact Information

* Agency name: _____

* Address line 1: _____

* City: _____ * Postal Code: _____

* Telephone: _____ Fax: _____ Website URL: _____

Check here - if you are a LIP – Local Immigration Partnership or a RIF - Réseaux en immigration francophone

Representatives

The Executive Director (or equivalent) of a full-member agency will be the official representative

* Executive Director: _____ * Email: _____

Other Representative: _____ Email: _____

Agency/Organization Information

* Annual budget: _____

* **Funding type** - the agency receives:

federal government funding to deliver settlement services

provincial funding to deliver settlement services

municipal government funding

Other-specify _____

* Number of employees: _____ Year of incorporation _____ Incorporation # _____

Charitable # (if applicable) _____

What is your Agency's mandate/mission?

Agency/Organization Services

* Please indicate which of the following services your agency provides to immigrants or immigrant serving agencies (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Language Training | <input type="checkbox"/> Settlement Services |
| <input type="checkbox"/> Employment Services | <input type="checkbox"/> Skills Training |
| <input type="checkbox"/> Anti-Racism Activities | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Housing Services | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Social Support Services | <input type="checkbox"/> Public Education Activities |
| <input type="checkbox"/> Information Sessions | <input type="checkbox"/> Professional Development - PD |
| <input type="checkbox"/> Other (please specify): _____ | |

* Please indicate which of the following immigrant groups are served by your agency (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> All Immigrant Communities | <input type="checkbox"/> Refugees |
| <input type="checkbox"/> Temporary Foreign Workers | <input type="checkbox"/> Families |
| <input type="checkbox"/> Children | <input type="checkbox"/> Youth |
| <input type="checkbox"/> LGBTQ | <input type="checkbox"/> People with Disabilities |
| <input type="checkbox"/> Seniors | <input type="checkbox"/> Women |
| <input type="checkbox"/> Immigrant Settlement agencies | |
| <input type="checkbox"/> Other (please specify): _____ | |

Please submit the following documents with your application:

- Your Agency's Annual Report or Description of organization (founded, description, mission/mandate, services/programs)
- Description of government funding information
- Incorporation information
- Current Board members

Mission and Objectives:

- Our organization endorses and actively demonstrates ARAISA's mission and objectives.

Governance (Full membership):

- Our organization is governed by a volunteer board of directors

Electronic messages

- Yes, I consent to receiving electronic messages from ARAISA (including but not limited to emails and e-bulletins).

Please provide the name of the ARAISA member/organization you have asked to provide a "Letter of support" for your membership application. **They will submit their Letter of Support form directly to ARAISA.**

Contact name: _____ Email: _____

Organization: _____ Prov _____

How to submit: This application form can be submitted electronically (with all required documents) – email to: smudahogora@araisa.ca Or mailed (with required documents) to:

Atlantic Region Association of Immigrant Serving Agencies (ARAISA)
2132B-6960 Mumford Road
Halifax, Nova Scotia, B3L 4P1

For assistance please contact ARAISA using our email: smudahogora@ARAISA.ca or by phone : 902 431-3206