



Associate Membership Application

2018 - 19

Contact Information

Agency Name:		
Address:		
City:	Postal Code:	
Telephone:	Fax:	Website:
<i>Please list below the persons to be designated as your agency's delegate and alternate to AISA, if your application is approved.</i>		
Name of Executive Director/CEO/Board President:		
Position:	E-mail:	
Name of Delegate:	Position:	
E-mail:		
Name of Delegate:	Position:	
E-mail:		

Please enclose the following with your application:

- A copy of your agency's most recent Annual Report, including an audited Financial Report
- A signed statement from the Executive Director or President indicating expenses and revenues used for settlement and integration services in the financial year of the audited financial statement
- A copy of the agency's by-laws and incorporation certificate

Please HPD your application package to:

Raeesa Farooqi

Business Development & Outreach Coordinator

(587) 747 – 0832 || rfarooqi@aaisa.ca



Agency Information

Please indicate which of the following best describes your agency:

- An incorporated not-for-profit society
- A branch/division of an incorporated not-for-profit society
- A public sector or quasi-public sector organization
- A branch/division of a public/quasi-public sector organization

Number of employees:

Number of Board members:

Number of Volunteers (if any):

Number of years your agency has been operating:

Number of years your agency has had funded services:

What is the prime mandate of your agency?

What is the total annual operating budget for all the eligible settlement and integration services that your agency provides?

Who are the primary funders for your agency's eligible settlement and integration services (ex. IRCC, Government of Alberta, Private Foundations, Private Donors, etc.)?



Services Information

How many settlement and integration programs and services does your agency provide? I.e., What percentage of your programs and services are directed specifically towards immigrants and refugees?

Please indicate which of the following groups are served by your agency:

- All Immigrant Communities Children Family LGBTTTQ+ People with Disabilities
- Refugees Seniors Women Youth
- Specific Language:
- Specific Community:
- Other (please specify):

Please indicate which of the following programs and services your agency provides:

- Reception and Orientation Adult Education for Immigrants
- Information and Referral Community Development
- Translation and Interpretation Employment and Career Services
- Counselling and Advocacy Other:

Please provide a brief description of the programs & services that your agency delivers specifically to immigrants and refugees. Please indicate when you began these programs and how often your agency provides them:



Membership Profile

Why does your agency wish to join AAISA?

How do you see your agency contributing to the work of AAISA?