



Associate Membership Application

2023 - 2024

Contact Information

Agency Name:		
Address:		
City:	Postal Code:	
Telephone:	Fax:	Website:
Please list below the persons to be designated as your agency's AAISA contacts, should your application be approved.		
Name of Delegate*:	Position	
Phone:	E-mail:	
Name of Communications Contact:	Position:	
Phone:	E-mail:	
Name of Professional Development Contact:	Position:	
Phone:	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, President, or branch/division head, 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, if incorporated, an incorporation certificate.
- A list of names, positions, contact info, and LinkedIn links of Board Members (if applicable).

Please e-mail your application package to:

Nada Starcevic

Business Development & Outreach Coordinator

(587) 747 – 0835 || nstarcevic@aaisa.ca

***Delegate:** must be a senior executive of the agency, and must be duly authorized by the agency to act for, and commit the agency, to decisions on collective initiatives of AAISA.

****Communications Contact** will be sent calls for newsletter submissions.

*****Professional Development Contact** will receive emails of upcoming AAISA courses and PD news.



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:

- | | |
|---|---|
| <input type="checkbox"/> Reception and Orientation | <input type="checkbox"/> Adult Education for Immigrants |
| <input type="checkbox"/> Information and Referral | <input type="checkbox"/> Community Development |
| <input type="checkbox"/> Translation and Interpretation | <input type="checkbox"/> Employment and Career Services |
| <input type="checkbox"/> Counselling and Advocacy | <input type="checkbox"/> 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?

Please list 3 sector agencies or other community organizations that are familiar with the work of your agency or that your agency has worked/partnered with: