



# Regular Membership Application

## 2023 - 2024

### Contact Information

Agency Name:		
Address:		
City:	Postal Code:	
Telephone:	Fax:	Website:
<b>Please list below the persons to be designated as your agency's AAISA contacts, should your application be approved.</b>		
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 copy of the agency's by-laws and 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](mailto: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

**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 your agency's annual operating budget?**

**Who are your agency's primary funders (ex. IRCC, Government of Alberta, Private Foundations, Private Donors, etc.)?**

**Does your agency have any satellite organization(s) or branch(es)?**

**If yes, please list their name(s) and location(s) below:**

**If you do have satellite organizations or branches, are they accounted for in your operating budget?**



## 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 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:**