First Nations' Emergency Services Society
OF BRITISH COLUMBIA

Associate Membership Enrollment Form

WHAT IS AN ASSOCIATE MEMBER?

An **Associate Member** is:

a) a BC First Nations-owned corporation, association or other organization, whether incorporated or not; or
b) a BC First Nation Emergency Services Entity.

An Associate Member is a non-voting member.

Contact Name _____

Band Affiliation _____ Band # (3 digits) _____

Association/Organization _____

Street Address _____
Street City/Town Province Postal Code

Mailing Address _____
(if different from street address)

Work Phone _____ Cell Phone _____

Email Address _____

Signature _____ Date Signed _____

I, _____ authorize the applicant to represent the above noted association.

Signature _____ Date Signed _____
Management / Administration

BENEFITS OF MEMBERSHIP

FNESS is a not-for-profit organization and registered charity governed by a First Nation Board of Directors. FNESS provides the technical expertise to support BC First Nations in building safer, healthier, and thriving communities. Join FNESS to:

- uphold and respect First Nation perspectives, knowledge, values and culture in the four pillars of emergency management;
- advocate for and support the implementation and improvement of programs and services that assist BC First Nations for the safety and protection of their communities; and
- link BC First Nation communities with essential emergency management programs, services and training.

All new members will receive an orientation package containing information regarding supports, programs, networking and training opportunities.

Would you like to receive your orientation package via ☐ email or ☐ Canada Post

If you are a **NEW** member, your membership form must be received by FNESS, 15 days or more BEFORE our AGM to be eligible to vote. **Email your membership form to membership@fness.bc.ca or by mail to:**

A274 Halston Rd, Kamloops, BC, V2H1P7

tel 250.377.7600 or 1.888.388.4431 | **fax** 250.377.7610 | | **web** www.fness.bc.ca

OFFICE USE ONLY

Membership # **A-** _____ **-** _____ Date Received _____
band # representative #