



Alberta Council of Women's Shelters

Application for Associate Membership

Thank you for your interest in joining the Alberta Council of Women's Shelters as an Associate Member. Associate Membership in ACWS is open to registered corporations and individuals who support the purpose and objects of ACWS.

To apply as an Associate Member, please provide a

1. Letter requesting membership
2. Signed Associate Membership application form and
3. A statement of support of ACWS indicating that you (as an individual) or your organization (in the case of a registered corporation) support the purpose and objects of ACWS.

All Associate Member letters and applications can be mailed to:

Alberta Council of Women's Shelters

Treaty 6 Territory

300 - 10010 106 St. NW

Edmonton, AB T5J 3L8

E-mailed to: voice@acws.ca

All applications for membership need to be approved by the ACWS Board.

Once the ACWS Board approves an application for Associate Membership, the new member will need to submit to us a \$50.00 fee for one year's membership.

Membership becomes effective upon receipt of your membership fee. In the case of organizational members, we will also need the name of a contact person.

Associate Members:

ACWS Newsletter

Are able to attend ACWS education programs by invitation only

Receive notice of all ACWS public activities

Thank you again for your interest in the Alberta Council of Women's Shelters.

Associate Membership Application Form and Statement of Support for ACWS

Please ensure that with this form you have enclosed your letter requesting associate membership with our organization. If you are applying as an organization, we also request a list of your Board of Directors.

Are you applying as an:

☐ Individual

☐ Not-For-Profit Organization

☐ Corporation

Name: _____

Organization: _____

Address: _____

City: _____ Postal Code: _____

Tel: _____ Email: _____

Website (if applicable): _____

If applying as an organization, please supply us with you mandate:

If applying as an individual, please supply us with an explanation as to why you want to become an Associate Member of ACWS.

If applying as an individual, are you working (as an employee or volunteer) on projects that are related to domestic violence? Yes ☐ No ☐

If so, please supply us with a brief description of the project and a reference (references will be checked).



Project Name & Description:

Reference Name: _____

Organization: _____ Phone Number: _____

I _____, have supplied ACWS with my letter requesting Associate Membership, list of Board of Directors (if applicable) and have filled out the above information accurately to the best of my knowledge. I _____, fully understand and support the purpose and objects of ACWS, and will honour the purpose and objects of ACWS if the Board accepts my application to become an Associate Member. I also understand that upon acceptance of my application, a \$50 membership fee is applicable and I will be required to pay the full fee upon receipt of an invoice issued by the ACWS office.

Signature: _____ Date: _____

