

Indigenous-Led Membership # Date Received: For office use only

## INDIGENOUS-LED MEMBERSHIP APPLICATION

#### Steps to Complete this Application

- 1. Completely fill in each section.
- 2. Include proof of incorporation document and website address.
- 3. Sign and date the bottom of this application.
- 4. Applications and attachments can be emailed or mailed to:

Aboriginal Congress of Alberta Association Unit 201D, 11051 97 Street Edmonton, AB T5H 2N2 E: <u>membership@aboriginalcongress.com</u> P: 780.699.9161

| Membership Info (check off) |                  |  |                                           |  |  |  |  |
|-----------------------------|------------------|--|-------------------------------------------|--|--|--|--|
|                             | New              |  | Change of Address, Phone or Email Address |  |  |  |  |
|                             | Card Replacement |  | Name Change                               |  |  |  |  |

| Company/Organization Information         |  |     |                                  |                    |      |  |         |       |    |             |  |  |
|------------------------------------------|--|-----|----------------------------------|--------------------|------|--|---------|-------|----|-------------|--|--|
| Company/Organization Name                |  |     |                                  |                    |      |  |         |       |    |             |  |  |
| Primary Contact for Company/Organization |  |     |                                  |                    |      |  |         |       |    |             |  |  |
| First Name                               |  |     |                                  | Last Name          |      |  |         | Title |    |             |  |  |
| Company/Organization<br>Address          |  |     | (                                |                    | City |  | Provinc |       | AB | Postal Code |  |  |
| Email                                    |  |     |                                  | Office Phone (Ext) |      |  | Website |       |    |             |  |  |
| # of employees                           |  | Inc | ncorporation Number/Trade Number |                    |      |  |         |       |    |             |  |  |

| Self-Identification (check off)  |                                |  |  |  |  |  |
|----------------------------------|--------------------------------|--|--|--|--|--|
| Indigenous-Led Entity Membership |                                |  |  |  |  |  |
| non-profit<br>corporation        | sole proprietor<br>cooperative |  |  |  |  |  |

## **Urban/Rural Community Needs:**

Please indicate your company and/or business mandate. Identify what issues or areas of concern you would like the ACAA to focus its attention on, for yourself and your community.

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# Oath of Indigenous Affiliation on behalf of my company and/or organization

- We, \_\_\_\_\_, make a declaration that we are an Indigenous-led company and/organization.
- We make the declaration that we have chosen to join ACAA as the recognized Provincial Affiliate of the Congress of Aboriginal Peoples (CAP), and recognize the work being done to champion all Indigenous Peoples in achieving our collective goals, objectives, and aspirations.
- We pledge to respect, assist, and honour my Sisters and Brothers in a common cause.
- We pledge to follow the laws, policies, and regulations established by the ACAA and the CAP, as amended from time to time by the Annual General Assembly of both ACAA and CAP.
- We pledge to actively participate, to the best of our capacity, in scheduled meetings and deliberations as requested. We will participate in this process in a respectful and honourable manner.
- We swear that all the information provided by me in this membership application is true and correct and we
  understand that it is an offense to make fraudulent and misrepresenting statements. We understand that this is
  a formal document of the Aboriginal Congress of Alberta Association and may be used in a court of law if
  required to defend and champion our collective rights.

#### Permission

By signing below, I, \_\_\_\_\_, give permission for my company and/or organization name and membership number to be shared with the national office of the Congress of Aboriginal People (CAP) and for reporting purposes to ACAA funders.

| Applicant Signature | Date of Application |
|---------------------|---------------------|