

# MEMBERSHIP APPLICATION FORM



First Nations  
Health Directors  
Association

## Contact info:

First Nations Health Directors Association  
1205 - 100 Park Royal South  
West Vancouver, BC V7T 1A2  
Anne Heyes: 778-772-5086  
Deborah Schwartz: 604-999-8525  
Fax: 1-855-398-4450  
Email: Anne Heyes | aheyes@fnhc.ca

## 1) Eligibility

Any individual who is a First Nations Health Director may apply to become a member of the Association. Each application will be reviewed by the First Nations Health Directors Association Board of Directors. Annual membership fees must be kept current to retain good standing as a member. Membership dues are currently under review.

## 2) Purpose of the Association

\*The purpose of the Association is to advance health planning and service delivery on behalf of First Nations in British Columbia which includes, but is not limited to:

- (a) providing advice and assistance respecting First Nations governance with the aim of assisting in shaping health policy and legislation;
  - (b) supporting First Nations Health Directors in the development and implementation of health programs;
  - (c) creating a foundation for networking, knowledge, information sharing, and communication;
  - (d) providing opportunities for First Nations Health Directors to engage in professional development and mutual support initiatives;
- and,
- (e) supporting the implementation of the “Transformative Change Accord: First Nations Health Plan” and the “Tripartite First Nations Health Plan.”

\* excerpted from the FNHDA constitution by-laws.

## 3) Applicant Information

NAME:	
FIRST NATIONS EMPLOYER:	
JOB TITLE:	
WORK ADDRESS:	
CITY/TOWN:	
POSTAL CODE:	
EMAIL:	
PHONE:	
FAX:	

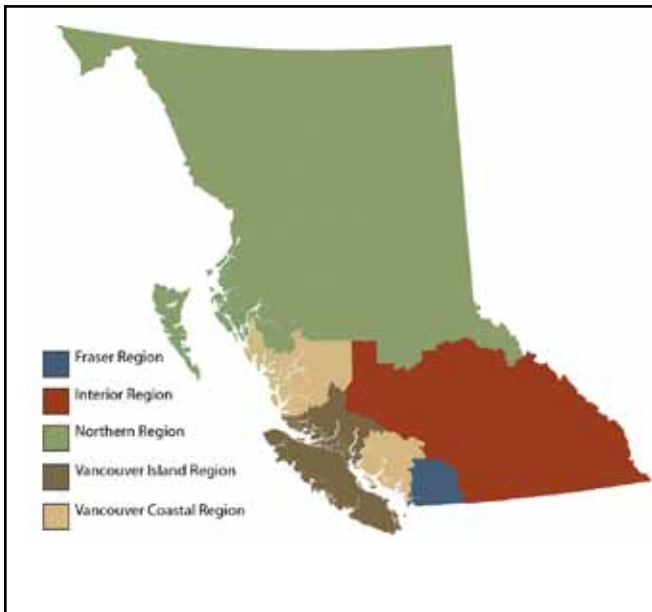
# MEMBERSHIP APPLICATION FORM



First Nations  
Health Directors  
Association

## Contact info:

First Nations Health Directors Association  
1205 - 100 Park Royal South  
West Vancouver, BC V7T 1A2  
Anne Heyes: 778-772-5086  
Deborah Schwartz: 604-999-8525  
Fax: 1-855-398-4450  
Email: Anne Heyes | aheyes@fnhc.ca



## 4) Regional Affiliation

(Please check one)

- Fraser Region
- Interior Region
- Northern Region
- Vancouver Island Region
- Vancouver Coastal Region

## 5) Type of Membership

A) I am applying to become a **MEMBER**, I meet the following criteria:

(i) the most senior employee or contractor employed as a health director, health manager, or health lead by a British Columbia First Nation, Tribal Council or society established by one or more First Nations for the benefit for the members of those First Nations; and

YES

NO

(ii) responsible for the management, administration and delivery of health programs and services for First Nations;

YES

NO

- OR -

B) I am applying to become an **ASSOCIATE MEMBER**:

YES

NO

---

Date

---

Signature