



# MEMBERSHIP FORM

## OUR MISSION

To provide leadership in Aboriginal, government and industry relations by creating a circle of relatives to foster a broad understanding of different perspectives. CFAR facilitates the development of trust, respect and credibility among our membership and with others.

Rapid resource development has increased demand for individuals with the expertise to establish effective working relationships among industries, governments and Aboriginal groups. To meet this need, the CFAR Society has been formed as a professional peer group to share experiences and best practices. Our members work together for mutual benefit and personal development, while striving to achieve greater credibility for the profession, in a non-political environment.

**Annual membership runs from April 1 to March 31.** Come and join us.

### Some of the benefits you can enjoy include:

- An annual conference with keynote speakers on current trends
- Electronic member newsletter keeping you in the circle
- Regular Events focused on member-driven topics
- Networking with liaison professionals in a non-political environment
- Sharing experiences and best practices among respected professionals
- Enhancing your personal development and on-the-job effectiveness

**DUE TO THE CANADIAN ANTI-SPAM LEGISLATION WE NEED YOUR CONSENT TO CONTACT YOU ELECTRONICALLY.**

**Please check the appropriate box:** ☐ **Yes I do consent** ☐ **No I do not consent**

You may withdraw your consent at any time by contacting us at [info@cfarsociety.ca](mailto:info@cfarsociety.ca)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Organization or Company: \_\_\_\_\_

Sector: ☐ Community ☐ Industry ☐ Government ☐ Student ☐ Non-Profit ☐ Seeking Opportunities\*

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

**I wish to apply for an annual CFAR Society membership as a** (please check your category of membership):

☐ **Automatically bill me for annual renewal**

☐ **Regular member** ..... \$ 150

☐ **Student member** ..... \$ 25

Student ID: \_\_\_\_\_

Expected year to graduate: \_\_\_\_\_

☐ **Aboriginal community, retired or non-profit member** ..... \$ 50

### Seeking Opportunities\*:

\*For individuals who are not currently employed.

☐ **Industry member**..... **\$75**

☐ **Community member**..... **\$25**

☐ **Corporate member** ..... \$ 1,000

☐ **Corporate member, Indigenous Business ....** \$ 500

51% Indigenous owned and controlled.

As a Corporate member you are entitled to **identify up to 6 people** to be on our membership distribution list, or offer any unused spaces to CFAR to sponsor students or community members who might not otherwise be able to join. Corporate members are also recognized on our website, in our newsletter and at our yearly conference.

**PAYMENT METHOD:** ☐ Corp. Cheque ☐ Personal Cheque ☐ Cash (don't mail) ☐ Visa ☐ Mastercard

Credit Card #: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ 3-Digit CVV#: \_\_\_\_\_

(Last 3 digits on back of card in signature area.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby authorize the **Circle for Aboriginal Relations Society** to process payment on the card provided above.

Receipt will be issued upon submission of payment **GST #851153320**

**NOTE: MAKE CHEQUE PAYABLE TO THE Circle for Aboriginal Relations Society**



# ORGANIZATIONAL ROSTER

## - CORPORATE MEMBERSHIP -



PLEASE CHECK HERE IF YOU WOULD LIKE TO OFFER ANY **UNUSED** SPACES TO STUDENTS OR COMMUNITY MEMBERS WHO MIGHT *NOT* OTHERWISE BE ABLE TO JOIN.

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**1**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Organ./Company: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

**2**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Organ./Company: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

**3**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Organ./Company: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

**4**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Organ./Company: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

**5**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Organ./Company: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

**6**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Organ./Company: \_\_\_\_\_ Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Website: \_\_\_\_\_