



ORGANIZATIONAL MEMBERSHIP APPLICATION FORM
September 1, 2009 to March 31, 2010

Please return with payment to:

BC Council for International Cooperation
120-425 Carrall Street
Vancouver, BC
V6B 6E3

Forms are due August 31, 2009 AGM

Organizations - \$60 for the seven-month period,
September 1, 2009 – March 31, 2010
Make Cheque Payable to British Columbia Council
for International Cooperation.
Please write "Annual Membership Fee" on
Cheque

All new member applications are reviewed by BCCIC staff and board and then presented at the annual general meeting when current members vote and accept new members.

To Become a BCCIC organizational member, an organization should comply with the following criteria:

- a) Adheres to The Society's mission statement and by-laws.
- b) Is associated with non-proselytizing international development projects in developing countries and/or with international development education programming.
- c) Is a non-profit organization.
- d) Has been an incorporated society for at least two years.
- e) Is an identifiable provincial or local organization including a membership constituency with an elected executive.
- f) Has a provincial/local annual budget related to its overseas projects and/or international development education program of activities geared to its local and/or provincial constituency.
- g) Shows evidence of commitment to international development education programming.
- h) Has the capacity and willingness to provide representation to and participation in the necessary activities of The Society.

Please note that by submitting this information to BCCIC, your organization's information may be posted on the BCCIC website unless otherwise noted. The only contact information we will provide on our website will be a link to your organization's home page.



A. CONTACT INFORMATION

Name of Organization:

Address:

Postal Code:

Telephone:

Fax:

Email:

Website:

Name of Executive Director/Coordinator:

Name of Organizational Representative at BCCIC functions:

(Please indicate if Board member, Staff or Volunteer):

Contact Information of Organization Representative:

Phone: Email:



B. AGENCY PROFILE

- Please provide any brochure or documentation providing an overview of your organization (organizational chart, annual report, newsletters etc). Be sure to include your annual report and financial reports (audited versions if available). Documents Included:

- When was your society incorporated? _____ Please include a copy of your certificate of incorporation.

- Are you a local or provincial organization including a membership constituency with an elected executive?

- What is your provincial/local annual budget related to overseas projects and/or international development education*?

- Do you receive CIDA funding, if so indicate type of grant/contribution agreement? **Yes** **No**

- How many paid staff do you have in BC? How many voluntary staff? Please indicate if full or part-time.

- Are you a member of CCIC? **Yes** **No**

* BCCIC will not share your financial information.

C. OPTIONS for PARTICIPATION in BCCIC

Would you be interested in participating in any of the following BCCIC committees?

___ Gender Equality

___ Public Engagement

___ Poverty Elimination

___ Other specific groups of your choice



D. AREAS OF WORK

Please tick the boxes of the development themes that your organization currently works on:

Education	<input type="checkbox"/>	Health	<input type="checkbox"/>
Environment	<input type="checkbox"/>	Agriculture	<input type="checkbox"/>
Micro-enterprise	<input type="checkbox"/>	Gender Equality	<input type="checkbox"/>
Human Rights	<input type="checkbox"/>	Governance	<input type="checkbox"/>
Public Engagement	<input type="checkbox"/>	Vocational Training	<input type="checkbox"/>
Corporate Social Responsibility	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>

E. Countries where your organization is active:

F. What is your expertise in the non-for-profit sector?

Fundraising	<input type="checkbox"/>	Public Engagement	<input type="checkbox"/>
Project Management	<input type="checkbox"/>	Institutional Building	<input type="checkbox"/>
Financial Management	<input type="checkbox"/>	Grant Writing	<input type="checkbox"/>
Media Relations	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>

Would you be interested in sharing your expertise with other members? **Yes** **No**

G. What are you hoping to gain from your BCCIC membership?