



# BoardVoice

**Leadership. Collaboration. Community.**

## Associate of Board Voice Membership Form

**Board Voice wishes to acknowledge the many friends and colleagues not eligible to become members, with the opportunity for them to become an Associate of Board Voice. We welcome your support!**

**Board Voice Vision:** Strong, vibrant communities and high-quality social services supported by the clear and effective voice of volunteer, community-based boards.

**Mission:** We strive to create healthy communities and champion the value of collaborative, high quality, community-based social services to governments, communities and the social services sector.

**The Work:** We are volunteer leaders and senior staff of community-based non-profits working in social care in BC. Our efforts make our communities better places to live, learn, work, and play. We bring social services boards together to learn, share and build community and promote effective volunteer governance and community accountability.

**Type of Applicant:**  Organization  Individual

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_  
(If different from mailing address)

**Telephone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**For Organizations:**

**Agency Contact Name and Title:** \_\_\_\_\_

**Contact E-mail Address:** \_\_\_\_\_ **Contact Phone #** \_\_\_\_\_

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

**Friends of Board Voice are encouraged to contribute financially to the work of Board Voice.**

Individuals: minimum - \$50 a year

Organizations: Under \$400,000 in revenue, \$100 annually; over \$400,000 in revenue, \$200 annually

**Please send your CHEQUE made PAYABLE to: Board Voice Society of BC (see address below)**

- The applicant acknowledges support for the Mission and Goals of Board Voice Society of British Columbia.
- The applicant is not eligible to become a member of Board Voice, (i.e., "boards of legally constituted not-for-profit organizations actively involved in direct provision of social services" in British Columbia).

Signature of individual applicant or authorized officer of organization:

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_