



BoardVoice

Leadership. Collaboration. Community.

**Associate of Board Voice
Membership Form**

Board Voice wishes to acknowledge the many friends and colleagues not eligible to become full members, with the opportunity for them to become an Associate Member 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.

Organization Name: _____

Mailing Address: _____

City: _____ **Postal Code:** _____

Street Address: _____
(If different from mailing address)

Telephone Number: _____

E-Mail Address _____

FEES

- Organizations under \$400,000 in revenue, \$100 annually
- Organizations 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 authorized officer of organization:

Name: _____

Date: _____

Signature: _____

Board Voice
c/o Realize Strategies
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Vancouver BC V6E 3S7