ACAS

Improving the Sexual Health of East & Southeast Asians

MEMBERSHIP APPLICATION

Application Type: ❒ **New Member** ❒ **Renewal** **Date of Application:** _____

Mission Statement

Asian Community AIDS Services (ACAS) is a charitable, non-profit, community-based organization. We provide education, prevention, and support services on HIV/AIDS to the East and Southeast Asian communities. These programs are based on a proactive and holistic approach to HIV/AIDS and are provided in a collaborative, empowering and non-discriminatory manner.

Membership

Membership is conditional to approval by the ACAS Board of Directors. Membership duration is for 2 years and starts at the date of membership application. Members must be 18 years of age or older. There are 2 kinds of membership:

1) **Voting membership** is limited to any person who identifies as East or Southeast Asian, or claims origin/heritage from any East or Southeast Asian country, as defined in Section 1.1 in ACAS By-Laws.

2) **Associate and non-voting membership** is limited to any person not described in Article 1(a) and is any:
   (i) organization and individual who has an interest in supporting the mission of ACAS;
   (ii) organization and individual within the Province of Ontario;
   (iii) organization and individual who have filled an application form and paid the prescribed fee.

Membership Dues: ❒ PAID [$20] ❒ WAIVED [PHAs & special circumstances] ❒ DONATION $_____
Membership dues can be paid via **e-transfer to donations@acas.org**, a **CanadaHelps donation** or a **cheque payable to Asian Community AIDS Services**.

First Name _____ Last Name _____

Organization Name _____

Address _____ Postal Code _____

Phone Number (_____) -_____ E-mail _____

❒ Check if applicable: I identify as East or Southeast Asian.

PLEASE SPECIFY ☑ PREFERRED MODE(S) OF CONTACT: **Phone** ❒ **E-mail** ❒
If you prefer to be contacted by mail, contact the ACAS main office at 416-963-4300 or email secretary@acas.org.

Declaration

❒ **I understand the responsibilities of being an ACAS member and I am committed to upholding them, as listed in the ACAS Membership FAQs.**

❒ **I agree to be added to ACAS's email list to receive periodic updates from the organization.**

Signature of Applicant _____ Date _____
Nominated by _____ Signature _____
Seconded by _____ Signature _____

All information provided in the application will only be used for the purpose of contacting members on ACAS related matters.
New and renewing membership applications are processed **up until two months before a members' meeting**.
If you have any questions, email secretary@acas.org.