



Membership Package: Associate Member

The Federation enjoys a strong relationship with BC's post secondary schools, research bodies and other groups that work with our members for the benefit of the community. Organizations that are not eligible for membership, but who wish to support and join in the work of The Federation, can become Associate Members.

Application for Associate (non-voting) Membership

Associate (non-voting) Members are:

- Post-secondary institutions that educate employees in the sector and drive ongoing learning
- Organizations that provide training to professionals in the field
- Organizations that conduct research in the sector
- Organizations that work with social services organizations in support of quality assurance
- Fellow umbrella organizations

Associate (non-voting) Members provide another perspective on the issues facing community social services. We welcome them to the table to increase our collective knowledge, work collaboratively, build relationships, and strengthen our movement.

Submitting Your Application

All pages are form-fillable PDFs that can be filled out digitally or as a hard copy.
When completed, please send all documentation to The Federation office.

Electronically

Email info@fcssbc.ca with subject line: *Associate Membership Application Review*

Hard copy

Attn: Associate Membership Application Review
The Federation of Community Social Services of BC
102 – 739 Kings Road, Victoria, BC V8T 1W4



Application for Associate (non-voting) Membership: Page 1 of 2

Agency Information

Agency Name: _____

Incorporation Number/Year Incorporated (if applicable): _____

Society Proprietorship Partnership

Name of Representative: _____

Position Title: _____

E-mail address: _____

Representative Direct Phone: _____ Extension: ____ Cell: _____

Agency Address: _____

City: _____ Prov: _____ Postal code: _____

Mailing Address (if different from above): _____

City: _____ Prov: _____ Postal code: _____

Telephone Number: _____ Fax Number: _____

Agency Website: _____

Agency Public E-mail address: _____

All pages are form-fillable PDFs that can be filled out digitally or as a hard copy. When completed, please send all documentation to The Federation office.

Email info@fcscsbc.ca with subject line *Full Membership Application Review* OR mail to:

Attn: Full Membership Application Review
The Federation of Community Social Services of BC
102 – 739 Kings Road, Victoria, BC V8T 1W4



Application for Associate (non-voting) Membership: Page 2 of 2

Agency Region(s)

The Federation hosts Regional Meetings in advance of our three Provincial General Meetings each year. Please specify the region of your agency's office location, as well as any other region(s) for which you would like to receive meeting invitations and region-specific information. Please note that **Vancouver Coastal** includes the Vancouver/Richmond and Coast/North Shore MCFD regions and **Fraser** includes the East Fraser, South Fraser, and North Fraser MCFD regions.

North Interior Fraser Vancouver Coastal Vancouver Island

Membership Fee

The Associate (non-voting) Membership fee is \$400 for research and education bodies and \$300 for other Associates. Please refer to The Federation's Constitution and Bylaws for more information regarding criteria for Associate (non-voting) Members.

Associate (non-voting) Member Fee: _____

Memberships are valid April 1 to March 31. Please do not submit your cheque at this time. Upon acceptance of your application, The Federation office will invoice you. Mid-year applications are pro-rated monthly by date of application.

Signature

Date of application

All pages are form-fillable PDFs that can be filled out digitally or as a hard copy. When completed, please send all documentation to The Federation office.

Email info@fcssbc.ca with subject line *Full Membership Application Review* OR mail to:

Attn: Full Membership Application Review
The Federation of Community Social Services of BC
102 – 739 Kings Road, Victoria, BC V8T 1W4



Expectations of Membership

The Federation represents over 130 community service organizations from rural, urban, and suburban communities throughout BC.

By joining The Federation, you stand with us as we work to improve the wellbeing of British Columbians.

As members of The Federation we:

- Understand and uphold the goals and objectives of The Federation.
- Work with The Federation to create positive change to BC's social policies and community programs.
- Participate in Federation events, initiatives, and learning opportunities.
- Collaborate to advise and inform on changes within the social care sector.
- Provide information about our organization and services to assist in mapping the sector to advance The Federation's mission and vision.
- Contribute to BC's social care landscape by providing comprehensive, responsive, high-quality services and supports.

I _____, as voting Representative to The Federation for my organization, agree to uphold the expectations of membership outlined above.

Signature: _____ Date: _____

PLEASE NOTE: Should you no longer remain the Representative as per Federation Bylaw 2.3.2, you must notify The Federation office who will send the appropriate forms to be completed for a new Representative.

All pages are form-fillable PDFs that can be filled out digitally or as a hard copy. When completed, please send all documentation to The Federation office.

Email info@fcssbc.ca with subject line *Full Membership Application Review* OR mail to:

Attn: Full Membership Application Review
The Federation of Community Social Services of BC
102 – 739 Kings Road, Victoria, BC V8T 1W4



Federation Operational Policy

Section B: Membership & Member Relations

Policy Number: B4

Subject: Information Sharing & Confidentiality Requirements

Effective Date: 1 April 2016

Revision Date(s):

Information Sharing & Confidentiality Requirements

Purpose

To ensure an open information-sharing process and to promote a sense of community, sharing and support within a structured process, while protecting the interests of members that share information.

Policy Statement

Federation members will be encouraged to share all of the information pertinent to the topic at hand as appropriate. Federation members and guests will not disclose any information pertaining to, or derived from Federation operations without the express consent of the source.

Procedure

1. Federation members will be afforded opportunities to share information pertinent to topics being discussed during meetings or other activities of The Federation. Information shared during meetings or other Federation activities is considered to be confidential unless specifically indicated otherwise by the individual sharing the information.
2. Federation members are required to maintain the confidentiality of Information pertaining to, or derived from Federation meetings without the express consent of the source. This includes any and all information shared at general meetings.
3. A Federation member must seek the consent of the source of the information prior to sharing it outside of The Federation's membership or staff person.
4. Oath of Confidentiality
 - a. Upon acceptance of membership, each member must sign an 'Oath of Confidentiality.' (See Appendix F—Oath of Confidentiality for Federation Members.)
 - b. Any guest who attends all, or portions of~ a meeting in which confidential information will be discussed, will be informed of the confidentiality requirements. Guests may be asked to sign an "Oath of Confidentiality" at the discretion of the Chair of the meeting. (See Appendix D—Oath of Confidentiality for Invited Guests.)



Oath of Confidentiality

For Federation Members

I, _____, _____
(Name) (Title)

(Agency)

Will ensure that all sensitive, proprietary, and/or personal information gathered and maintained by The Federation is kept confidential. Any releases of confidential information pertaining to Federation business must comply with all legal requirements.

I have specifically read Operational Policy B4—Information Sharing & Confidentiality.

This Oath of Confidentiality has been signed on _____, and is valid as long as I am the representative of my agency to The Federation of Community Social Services Society of BC.

Signature

Representative of The Federation's Signature

All pages are form-fillable PDFs that can be filled out digitally or as a hard copy. When completed, please send all documentation to The Federation office.

Email info@fcssbc.ca with subject line *Full Membership Application Review* OR mail to:

Attn: Full Membership Application Review
The Federation of Community Social Services of BC
102 – 739 Kings Road, Victoria, BC V8T 1W4