



THE FEDERATION
of COMMUNITY SOCIAL SERVICES *of* BC

Membership Package - Full Member

Membership is open to community-based organizations that provide direct services to children, youth, families, and/or adults and that:

- Want to work with other community service organizations to realize The Federations mission and vision.
- Commit to improving society through the work of their organization.
- Maintain high ethical standards in service management and delivery.
- Engage in collaborative approaches to service planning and delivery.
- Engage in joint advocacy initiatives.
- Ensure that community and client voice are represented in program delivery and development.

FULL (voting) membership fees are calculate at 0.125% of total operating budget with a minimum payment of \$250 and a maximum payment of \$4,500. Fees are pro-rated quarterly. (Please refer to The Federation's Constitution and Bylaws for more information regarding criteria for FULL (Voting) Membership.



THE FEDERATION
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Section 1 - Application for Membership

To apply for membership, please complete the attached forms and submit the documentation listed below. Please do not submit membership dues until you have been invoiced. Your application will first be reviewed by The Federation membership committee and then pending any clarifications, the committee will seek a motion to ratify your membership at the next general meeting of The Federation. General meetings are held in October and February. The Annual General Meeting is held in June.

If your organization IS accredited please submit:

- Application form (attached)
- Reference for membership to be completed by a Federation member agency or a funder that works with your organization (attached)
- A copy of your organization's most recent Accreditation Survey Report
- Most recent audited financial statement or certified statement reflecting total agency budget
- Expectations of Membership form (attached)

If your organization is NOT accredited please submit:

- Application form (attached)
- Reference for membership to be completed by a Federation member agency or a funder that works with your organization (attached)
- Mission and Philosophy Policy Manual Indices
- Brief History of your organization
- Society Constitution and By-laws/Incorporation certificate
- Most recent audited financial statement or certified statement reflecting total agency budget
- Expectations of Membership form (attached)

The Federation of Community Social Services of BC - Membership Application Form

(Valid April 1 to March 31)

Agency Name: _____

Incorporation Number/Year Incorporated (if applicable): _____

Society Proprietorship Partnership

Name of Representative: _____

Position Title: _____ E-mail address: _____

Alternate (Voting) Rep: _____

Position Title: _____ E-mail address: _____

Agency Address: _____

City: _____ Prov: _____ Postal code: _____

Mailing Address (If Different From Above): _____

Telephone Number: _____ Fax Number: _____

Agency Public E-mail address: _____

Website: _____

Type of Membership Requested: FULL (Voting)

The FULL (Voting) membership fee is calculated at 0.125% of your total operating budget with a minimum payment of \$250 and a maximum payment of \$4500.00. Please refer to The Federation Constitution and Bylaws for FULL membership definition and criteria.

Total Annual Agency Budget: _____ x 0.125 = Membership Fee: _____
(Based on 'Revenue' from your most recent completed financial statements.)

Annual memberships are valid April 1 to March 31. Please do not submit your cheque at this time. Upon acceptance of your membership application, the Secretary-Treasurer will invoice you. Mid-year applications will be pro-rated quarterly.

Signature

Date of application

This form-fillable PDF can be filled out digitally or as a hard copy. When completed, please PRINT OFF and mail this form along with any other documentation requested to:

Attn: Federation Membership Review
The Federation of Community Social Services of BC
102 – 739 Kings Road, Victoria, BC V8T 1W4
info@fcssbc.ca



THE FEDERATION
of COMMUNITY SOCIAL SERVICES of BC

Altogether better.

The Federation of Community Social Services of BC - Reference for Membership

Name of Reference: _____

Organization of Reference: _____

_____ has applied for membership with The Federation of Community Social Services of BC (FCSSBC). The Federation is an organization of community-based social service organizations that influence decision-making to improve the wellbeing of communities.

The Federation is a catalyst for a social movement to create an environment where those who need help are getting it. Our members support communities through a wide range of services such as support for those with disabilities, employment programs, early childhood education, homeless outreach, and family programs. We believe that we collaborate on how changes should be made within the sector and come together for the common good we are altogether better.

Do you believe _____ provides quality services that will be reflective of the high standards promoted by the Federation?

In your opinion, what are the strengths of this organization?

Do you have any concerns with this organization's membership in the Federation?

Signature: _____ Date: _____

NOTE: A reference must be supplied with application materials. This reference must be provided by a current Federation member and if this cannot be obtained, then provided by a representative of a funder who works with the applicant organization.

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Altogether better.



THE FEDERATION
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Expectations of Membership

Altogether better.



advocacy



alliances



bursary



engagement



learning



services

The Federation includes over 140 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 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 _____ agree to uphold the expectations of membership outlined above.

Signed _____

on this day _____

102 – 739 Kings Road
Victoria, BC V8T 1W4
TEL 250.480.7387
FAX 250.480.7396
info@fcssbc.ca
www.fcssbc.ca