



## APPLICATION FOR CFHS MEMBERSHIP

Submit online at <http://cfhs.ca/info/members>, by email to [derekd@cfhs.ca](mailto:derekd@cfhs.ca), by fax to (613) 723-0252 or by mail to: The Canadian Federation of Humane Societies, 102-30 Concourse Gate, Ottawa, ON K2E 7V7

### Part One: Basic Information

(Please Print)

Name of organization:			
Charitable status number OR registered non-profit number:			
Street address:		City:	Province:
Postal code:	Phone number: (    )	Alternate phone number: (    )	
Fax number: (    )	Email:	Website:	
Facebook address:			
Twitter address:			
Other:			
Executive Director or Chief Executive Officer (name):	Address	<input type="checkbox"/> Same as above	Phone number <input type="checkbox"/> Same as above (    )
Email			
President (name):	Address	City, Province	Phone number (    )
Email			
Treasurer (name):	Address	City, Province	Phone number (    )
Email			
Manager or contact person:	Address	City, Province	Phone number (    )
Email			
Has your organization previously been a member of the CFHS?		<input type="checkbox"/> Yes (from: _____ to: _____) <input type="checkbox"/> No	



What are your key expectations of your membership with the CFHS? (briefly)



## Part Two – Membership Criteria Checklist

Voting membership in CFHS consists of Humane Societies and SPCAs who share the guiding principles of CFHS.

Eligibility for membership in the Canadian Federation of Humane Societies (CFHS) is based on, but not exclusive to, the following criterion. In the space provided next to each of the criteria, please signal your organization's compliance with the criterion by way of your initials.

INITIAL	MEMBERSHIP CRITERIA Organization applying for membership....
	Agrees to the CFHS representing members at the national level.
	Is a registered not-for-profit or charity incorporated for a minimum of 3 years either provincially or federally in Canada with a board that is independent of its staff.
	Has one or all of the following; <ul style="list-style-type: none"> <li>• an animal welfare mandate for a given geographic area;</li> <li>• legal authority to conduct cruelty investigations;</li> <li>• operates an animal shelter and strives to meet industry recognized shelter standards and guidelines.</li> </ul>
	Is prepared to act in accordance with CFHS by-laws, including payment of dues <i>(to receive a copy of the by-laws, please contact us at 1-888-678-2347 ext. 12 or info@cfhs.ca)</i>
	<ul style="list-style-type: none"> <li>• promotes and demonstrates a humane discourse philosophy</li> <li>• objective in promoting progressive improvement of animal welfare</li> <li>• a recognized/credible voice for animals in its community</li> <li>• law-abiding; functions within the law</li> </ul>
	Supports the CFHS's willingness to work with any organization with the goal of improving animal welfare
	Operates in an ethical manner, with: <ul style="list-style-type: none"> <li>• integrity</li> <li>• transparency</li> <li>• accountability</li> </ul>
	<ul style="list-style-type: none"> <li>• Appoints and certifies a "representative" to act on its behalf in all CFHS business. A representative is a senior level employee involved in the day-to-day operations of your organization, fully empowered to represent, vote, and act for your agency in all Federation matters, proceedings, and activities.</li> </ul>



### Part Three – Member Applicant Profile

Date charter granted:		Charter granted by:	
Geographic area of jurisdiction/service:			
Please check the category that best identifies your organization:	<input type="checkbox"/> A national animal welfare organization	<input type="checkbox"/> A provincial animal welfare organization	
	<input type="checkbox"/> An independent local animal welfare organization	<input type="checkbox"/> An independent local animal welfare organization with provincial affiliation	
Number of employees:	Number of volunteers:	Number of board members:	
What are the main programs and services you provide in your community?			
What activities or events does your organization use to engage the community?			
Does your organization do cruelty investigations <input type="checkbox"/> for companion animals? <input type="checkbox"/> for livestock?			
Does your organization include an on-site animal sheltering facility? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**IF YOUR ORGANIZATION OPERATES A SHELTER:**

Does your shelter have an adopt-a-thon?	
Are all cats/dogs spayed/neutered before they are adopted out?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you sell pet licensing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your shelter open-admission?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What temperament assessment system do you use, if any?	
What adoption-matching program do you use, if any?	



## Authorization

I, \_\_\_\_\_ am duly authorized by the Board of Directors of the  
Name (please print)  
\_\_\_\_\_ to apply for agency membership in the Canadian  
Name of organization (please print)  
Federation of Humane Societies.

**Note to applicant:** The CFHS Board of Directors requires this form be fully completed and returned to the Canadian Federation of Humane Societies before your application will be considered for approval.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Attachments to include with your application

In order for your application to be considered the CFHS require that a copy of your organization's most recent audited year-end financial statement accompany each membership application. This statement is used to calculate the membership fee.

As well please include a set of your organization's most recent financial statement. Audited statements are preferred, but are not required.

### Membership fees:

Revenue	Fee
0-\$499,999.00	\$250.00
\$500,000.00 - \$999,999.00	\$500.00
\$1,000,000 - \$1,999,999.00	\$1,000.00
\$2,000,000 - #5,999,999.00	\$2,000.00
\$6,000,000 - \$9,999,999.00	\$3,000.00
\$10,000,000.00 and above	\$3,500.00

You will be notified of the decision of the CFHS Board of Directors no later than three months after your application has been received.

Having trouble with your application? Our staff is available toll-free to answer any questions you may have. Please contact Derek deLouché, Director Member Services and Resource Development, at 1-888-678-2347 ext. 12 or [derekdelouche@cfhs.ca](mailto:derekdelouche@cfhs.ca)