



APPLICATION FOR CFHS ASSOCIATE

Submit online at <http://cfhs.ca/info/members>, by email to 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 being an associate with the CFHS? (briefly)



Part Two – Associate Criteria Checklist

Non-voting Associates in Canadian Federation of Humane Societies (CFHS) consist of not-for-profit and charitable organizations, associations, and governmental organizations who share the guiding principles of CFHS.

Eligibility to be an Associate of the Canadian Federation of Humane Societies is based on 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	ASSOCIATE CRITERIA Organization applying for associate status....
	Agrees to the CFHS representing members and associates at the national level.
	Is an association, governmental organization or a registered not-for-profit or charity incorporated either provincially or federally in Canada.
	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"> • promotes and demonstrates a humane discourse philosophy • support industry recognized standards and guidelines • objective in promoting progressive improvement of animal welfare • a recognized/credible voice in its community • law-abiding; functions within the law
	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"> • integrity • transparency • accountability



Part Three – Associate 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"/> National animal welfare organization		
	<input type="checkbox"/> Provincial animal welfare organization		
	<input type="checkbox"/> Local animal welfare organization		
	<input type="checkbox"/> International animal welfare groups		
	<input type="checkbox"/> Municipally-run animal control agency		
	<input type="checkbox"/> Animal associations (organizations that are a collective of other groups)		
	<input type="checkbox"/> Issue-based organization		
	<input type="checkbox"/> Spay/neuter and feral cat groups		
	<input type="checkbox"/> Animal sanctuary		
	<input type="checkbox"/> Animal Rescue		
<input type="checkbox"/> Other; please explain _____			
Number of employees:	Number of volunteers:	Number of board members:	
What are the main programs and services you provide in your community?			
Does your organization include an off-site animal fostering network? <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 associate status in the Canadian
Name of organization (please print)
Federation of Humane Societies.

Note to applicant: *The CFHS Board of Directors requires this form be 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

The Rules and Regulations of the Canadian Federation of Humane Societies require that a copy of the most recent financial statement of the organization accompany each membership application. Audited statements are preferred, but are not required.

Note on associate fees: Annual associate fees are \$200.

You will be notified of the CFHS Board's decision 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 of Member Services and Resource Development, at 1-888-678-2347 ext. 12 or derekdelouche@cfhs.ca.