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| Thank you for your interest in becoming an institutional member of EMCN.  Please fill out all the information below and return the form to:  **membership@emcn.ab.ca** | |
| 1. **Institution Information** | |
| Institutional members shall appoint one individual to represent them at meetings of the Society and have one vote. | |
| Name of Representative | Organization Name |
|  |  |
| Phone | Email |
|  |  |
| Mailing Address | City Province PC |
|  |  |
| Website | Twitter |
|  |  |
| Instagram | Facebook |
| 1. **Consent For Communications** | |
| EMCN is committed to honouring and respecting the privacy of our Society members. We commit to ensuring that membership information is kept confidential and will not be disclosed to other parties outside of the Society without prior authorization from membership, as required by law.  We will only collect and use your personal information to support and enhance our relationship with you, to notify you of meetings and events, to share EMCN's newsletter, to engage in fundraising efforts, and to otherwise further our vision and fulfil our core purpose.  At any time, you may contact the EMCN with privacy questions or concerns you may have. You also may ask at any time to see the personal information you have provided us and request correction or deletion. We strive to maintain a reasonable level of security and confidentiality with respect to the storage of your personal information | |
| Do you give the EMCN consent to send you email communications?  YES NO | Please indicate how you prefer to receive notifications:  Mail Email  Other: |
| 1. **Areas of Engagement** | |
| As a member of the EMCN Society, you are a voting member at our annual general meeting, but we encourage you to be more involved with other EMCN activities. Please indicate which areas of engagement interest you. Please note this is entirely voluntary, and members are under no obligation to participate in any of the options below: | |
| Becoming a Board Member | Becoming a volunteer |
| Participating in fundraising campaigns or events | Becoming a donor |
| Other (please state areas of interest) |  |
| 1. **Declaration** | |
| Applicants must express support for the vision, mission and values of EMCN. Representatives must be 16 years of age or older, and a resident of Alberta; Institutions must be located in Edmonton or within 100 kilometres of Edmonton. Membership is approved by the board of directors and is valid for two years. | |
| I declare that my organization is eligible to become a member of the EMCN Society | My organization agrees to be a member in good standing for the two-year term |
| I declare that my organization subscribes to the vision, core purpose, and core values of EMCN | I am authorized to make an application on behalf of my organization |
| Name and Signature of Applicant | Date |
| 1. **Appendix** | |
| EMCN Vision, Mission and Values | |

**Appendix**

**Vision**

We see a future where many citizens walk with newcomers to bridge their transition into community. To achieve this vision, we will serve as a key catalyst and leading collaborator in positively shaping the attitudes, behaviours and practices of organizations and individuals to value the diversity that newcomers bring to community.

**Core Purpose**

“***To enhance quality of life for newcomers and all Canadians***”

**Core Values**

**Social Justice:** Creating a society that is based on the dignity of every human being

* Integrity
* Democratic
* Equal opportunities
* Integration
* Participation

**Diversity:** Giving every individual the opportunity to achieve their potential and to participate fully in the community.

* Respect
* Inclusion
* Strengths-based approach
* Culture/age/gender/values
* Spirituality

**Compassion:** Showing care and empathy for newcomers.

* Grace
* Love
* Hope
* Humility
* Fellowship

**Responsibility:** Acting to achieve our goals.

* Accountability
* Trust
* Change
* Mentoring
* Ownership
* Professionalism
* Solution-oriented
* Transparency