



## Affiliate Application

Organization: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

### Nominating Regular Members in support of Affiliate Application

(3 signatures of OAN Regular Members from the region are required; a list of these organizations may be obtained at [www.oan.red](http://www.oan.red))

1. On behalf of \_\_\_\_\_  
(Regular Member in good standing Agency Name)

I, \_\_\_\_\_ nominate \_\_\_\_\_  
(Executive Director or other authorized signatory) (Applicant Organization)  
\_\_\_\_\_ to become an Affiliate of the Ontario

AIDS Network.

2. On behalf of \_\_\_\_\_  
(Regular Member in good standing Agency Name)

I, \_\_\_\_\_ nominate \_\_\_\_\_  
(Executive Director or other authorized signatory) (Applicant Organization)  
\_\_\_\_\_ to become an Affiliate of the Ontario

AIDS Network.

3. On behalf of \_\_\_\_\_  
(Regular Member in good standing Agency Name)

I, \_\_\_\_\_ nominate \_\_\_\_\_  
(Executive Director or other authorized signatory) (Applicant Organization)  
\_\_\_\_\_ to become an Affiliate of the Ontario

AIDS Network.

## Documentation that must accompany this application

1. By-Laws, if organization is incorporated or an explanation of how the organization is structured, if it is not incorporated.
2. Letters of support from the nominating Regular Members in good standing which explain how the applying organization meets the OAN Affiliate criteria.
3. An explanation of how the organization is committed to the Greater Involvement of People with HIV/AIDS on its board (or equivalent) and in the organization generally.
4. A description of the organization's goals and objectives.
5. A description of the HIV prevention and support services provided or planned.
6. A statement that the organization is committed to supporting the work of the OAN by serving on committees if requested by the OAN Board.
7. A statement from the board of the applicant organization (or equivalent) affirming that the organization agrees with the Mission, Values and Statement of Principles of the OAN and that they will fulfill their obligations to the OAN.
8. The organization's latest audited financial statements, together with payment of \$1,000 for the Affiliate fee which will entitle the Affiliate to partake in OAN Skills Development programs when they are available as well as to have Ontario Provincial Resource for ASOs in HR (OPRAH) program support.

## Checklist

- By-laws of applicant organization
- Most recent audited financial statements
- A cheque in the amount of \$1,000 payable to the Ontario AIDS Network for a one year term of Affiliate status (refundable in the event that the application is not approved)
- 3 letters of nomination from OAN Regular Members
- Statement of how the applicant organization is committed to GIPA/MIPA principles
- Description of the services provided by the applicant organization
- Description of the HIV services provided or planned
- Statement affirming that the applicant organization will serve on OAN Committees as reasonably requested by the OAN Board of Directors
- Statement affirming that the applicant supports the OAN's Mission, Vision, Statement of Principles