	To re	duce family violence in our Aboriginal Communities	
	NACAFV Membership Application Please mail to NACAFV		
NATIONAL ABORIGINAL CIRCLE AGAINST FAMILY VIOLENCE	Organization:		
	Contact Person:		
	Mailing Address:	Mailing Address:	
	Address Line 2:	Address Line 2:	
	City/Province	City/Province	
	Postal Code:	Postal Code:	
	Telephone:	Telephone:	
#301 – 396 Cooper St. Ottawa, ON K2P 2H7	Fax:	Fax:	
Phone: 613.236.1844 Fax: 613.236.8057	E-Mail:	E-Mail:	
Email: info@nacafv.ca Web : www.nacafv.ca	Website:	Website:	
	Language Preferred:	ench	
	Clientele Served:	étis □ Inuit □ Other	
	What type of service does your organization provide?	(i.e. courseling, information, training, childcare, residency,)	
Membership Checklist	What type of service does your organization provide? (i.e counseling, information, training, childcare, residency)		
 Completed Form (all fields completed) 			
	Enclosed your money order cheque for registration ** Membership is \$50.00 per annum.		
order cheque for registration			
\$50.00 per annum.			
to National Aboriginal Circle Against Family			
Violence			
	Approximately how many people use your service on a daily/monthly basis?		
Comments: What region does your organization represent?			
	ii		
	What are the communities in your region?		
ii			
	How many staff does your organization employ and v	taff does your organization employ and what are their positions?	
	{		
	Are you incorporated: Yes No	Do you have charitable status 🛛 Yes 🖓 No	
	What are your training needs:		
	Proposal writing First Aid/CPR Management skills Suicide Intervention	Self Help Mental Illness Assessment Computer Training Pharmaceutical Training	
	Internation Internation Internation Internation Internation Internation Internation Internation Internation Internation	Computer Training Health Trends Health Trends Health Trends	
	Method of Payment \$50.00/year		
	Cheque – make payable to the National	Money Order	
	Aboriginal Circle Against Family Violence		