

**National Indian & Inuit
Community Health Representatives
Organization**



**Organisation nationale des représentants
indiens & inuit
en santé communautaire**

Become a member of NIICHRO!

Have you been receiving NIICHRO's Newsletter and other mailings? This means you are on our mailing list but are you a *member* of NIICHRO.

NIICHRO conducts a membership drive for the purpose of updating its mailing list to include all new CHR's, verifying all mailing addresses of present CHR's and their health centers and collecting membership fees due.

By becoming a member, you join a growing number of people who recognize the need to support health promotion, health education and disease prevention at the grassroots level. With your membership, you receive the organization's newsletter, early notification of, and invitation to, conferences training workshops and meetings pertinent to frontline workers in Aboriginal communities. In early 2007, we anticipate the launch of a "Members only" section of this website. Members can share resources and their best practices experiences.

Why become a member?

Voice

Members have the opportunity to provide input on the work and direction of NIICHRO and participate in the Annual General Meeting (AGM).

Vote

Regular members in good standing can vote at the AGM, vote for the Board of Directors – and even run for election!

Build skills and knowledge

Members are invited to participate in regional skills building and training events. NIICHRO offers annual training sessions, training and resource kits, research resources and opportunities to network with CHR's and other community health workers across Canada.

Knowledge and action

Members not only receive NIICHRO's newsletters, but other information about hot issues and the tools to take action. NIICHRO works towards its goal to improve the quality of health care services offered to Aboriginal people through the work of CHR's.

Who can join NIICHRO?

NIICHRO has three types of yearly memberships: REGULAR, ASSOCIATE and HONORARY.

Regular Membership ---- \$75.00 per CHR

- Certified and uncertified CHR's who have received CHR training from a recognized institution and/or who are employed as a CHR on a continuous basis. As a Regular Member, you have the right to vote at the Annual General Assembly.

Associate Membership ---- \$100.00 per person

- Open to all individuals or organizations that do not meet the criteria of Regular member yet wish to share and participate in promoting health in Aboriginal communities, i.e.- all interested parties such as Community Workers, Educators, Researcher, etc. Associate members do not have the right to vote at the Annual General Assembly.

Honorary Membership ---- Free

- Upon receipt and review of an application the Board of Directors will approve the honorary membership of retired CHRs, elders, and other individuals. Honorary members do not have the right to vote at NIICHRO meetings unless they are eligible to meet regular membership criteria or are appointed by their region to attend the General Annual Assembly.

Donations

You can support NIICHRO through a donation, which will help NIICHRO to continue its work towards upgrading the quality of health care of Aboriginal people to the standard enjoyed by the rest of the population of Canada. A charitable tax receipt is issued for all donations.

Interested in becoming a member? Fill out the membership form below.

? **Questions?** Contact us by phone at (450)632-0892, or email niichro@niichro.com

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MEMBERSHIP APPLICATION FORM

April 1, 2006 – March 31, 2007

First Name: _____ Last Name: _____

Title: _____

Name of Organization/Health Centre: _____

Complete Mailing Address: _____

Name of your community: _____

E-mail: _____ Office Phone: _____

Office Fax: _____

Please indicate the preferred language of correspondence (✓):

English French

Please tell us what type of membership you are applying for (✓):

CHR - \$75 Associate - \$100 Honorary – Free

Please indicate your method of payment (✓):

Visa Master Card Invoice your organization

Credit Card Info:

Cardholder Name (please print): _____

Credit Card Number: _____

Expiration Date: ____/____/____ Cardholder Signature: _____

Invoice Info:

Signature of authorized organizational representative: _____

Please check the format in which you would prefer to receive NIICHRO's publications and regular mailings:

Printed copies by mail

Electronically by E-mail

Please return completed application by mail, fax or email to:

NIICHRO
P.O. Box 1019
Kahnawake, Quebec, J0L 1B0 or
Fax: 450-632-2111 Email: niichro@niichro.com