

K.C.R.I.S. Membership Application

Name: (Print)			
	First/Given Name	Middle	Family/Surname (Last name)
Telephone:			
•			
Residential address:			
Mailing address: (if d	ifferent)		
Email address:			
Signature:			
Data			
Date:			

Please note:

- Provide answers to the attached questions
- The board (or delegate) will contact you within 1 month of receipt of application

www.immigrantservices.ca P: 778.470.6101 TF: 1.866.672.0855 F: 778.470.6102 448 Tranquille Road, Kamloops BC V2B 3H2



In accordance with Part 2, Section 4 (1) to (g), of the society's Constitution, the following questions are intended to respond to membership criteria for all members.

What do you know about the Kamloops-Cariboo Regional Immigrants Society?

What makes our mission meaningful to you?

What skills, connections, resources, and expertise do you have to offer and are willing to use on the behalf of to the organization? (Use additional pages if necessary)

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What is your background/experience/association with work among immigrants, or with Immigrant services agencies?

Are you willing to commit some time as volunteer work in various capacity and for certain projects? How much time a month can you commit?

Do you have personal aspirations that could be enhanced by board service?

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