



COMMUNITY ETHICS NETWORK

MEMBERSHIP APPLICATION [See also the related Letters of Understanding]

Name of contact for this application:

Date of application:

Telephone number of contact:

Email of contact:

Please note: The information we collect is used to understand the characteristics of our membership at any given time, as well as over time. We retain the information in a database used only by the Community Ethics Network. We share aggregated data in certain reports and documents approved by the Steering Committee, generally for informing members. We do not share identifiable member information with other groups or make it publicly available unless we have consent to do so.

Type of membership application - select only one:

A. Independent Member _____ [See also the related Letter of Understanding]

[Note: Independent Members typically have no affiliation with any organization which will benefit directly from their membership in a manner that would be fitting an organizational membership]

B. Organizational Member _____ [See also the related Letter of Understanding]

Member details:

1. Name of Member¹: _____
 - a. Please indicate if this name can be shared publicly on our letterhead and website
Yes _____ No _____
2. Please describe your interest in the Community Ethics Network – what you expect to get from membership, why it is relevant to you/your work:
3. Please describe what/how you anticipate you will be able to contribute to the Community Ethics Network:
4. Website (if applicable):

Further specific characteristics of Members

Especially related to Organizational Members, but Independent Members can also select descriptor that might apply. We hope you will share these details, but expect you to answer only those questions that you wish. Please select all that apply

Re: Type of services/work context

- Direct service provider
 - Consulting
 - Government
 - Funding organization
 - Networking support
 - Community health services
 - Community support services
-

- Independent living
- Not-for-profit
- For-profit
- Charitable
- Other: _____

Re: Employees

- Employing less than 20
- Employing 21-50
- Employing 51-100
- Employing 101-1000
- Employing more than 1000

Re: Clients served

- Serving less than 40
- Serving 41-200
- Serving 201-2,000
- Serving 2,001-10,000
- Serving more than 10,000

- Population group(s) served (please describe in your own words) _____
- Languages used in services (please specify in your own words) _____

- Are your services culturally specific? (if applicable, please describe in your own words) _____
- Is your work faith-based? (if applicable, please describe in your own words) _____
- Other distinct characteristics: _____

Accreditation/Certification/Other

- Are you accredited/certified or other?
 - Yes ____ (please specify agency/other _____)
 - No ____

Re: The geographic area(s) covered by your work:

- Province(s):
- Regions/Districts:
- Municipality/ies:
- Neighbourhoods/other:
- Urban
- Rural
- Remote
- Other relevant specifics you wish to include: _____

Attestation – Signing below confirms that:

You are applying as an Independent Member and that you have no affiliation with any organization which will benefit directly from your membership in a manner that would be fitting an organizational membership, and you agree to the terms of the Letter of Understanding.

OR

Your organization is applying for Organizational Membership and will agree to the terms of the Letter of Understanding.

Name of applicant (as at top of form): _____

Signature of applicant (as named at top of form): _____

Role/Position/Title: _____

Please send completed form to coordinator@communityethicsnetwork.ca