



First Nations Health Directors Association

Sharing experience for community wellness

Membership Application Form

First Nations Health Directors Association

501- 100 Park Royal South
Coast Salish Territory
West Vancouver, BC
V7T 1A2

Email: fnhda@fnha.ca

Fax: (604) 913.2081

Web: www.fnhda.ca

1. Eligibility

Any individual who is a First Nations Health Director may apply to become a member of the Association. Each application will be reviewed by the First Nations Health Directors Association Board of Directors. The Annual Confirmation letter must be submitted with the application and then renewed by March 1 of each year to retain good standing as a member.

2. Purpose of the Association

The purpose of the Association is to advance health planning and service delivery on behalf of First Nations in British Columbia which includes, but is not limited to:

- (a) Providing advice and assistance respecting First Nations governance with the aim of assisting in shaping health policy and legislation;
- (b) Supporting First Nations Health Directors in the development and implementation of health programs;
- (c) Creating a foundation for networking, knowledge, information sharing, and communication;
- (d) Providing opportunities for First Nations Health Directors to engage in professional development and mutual support initiatives; and,
- (e) Supporting the implementation of the "Transformative Change Accord: First Nations Health Plan" and the "Tripartite First Nations Health Plan."

3. Applicant Information

NAME _____ EMAIL _____

FIRST NATIONS EMPLOYER _____ JOB TITLE _____

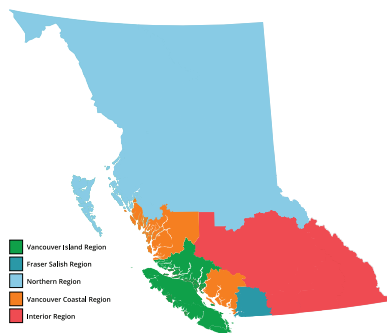
WORK ADDRESS _____ CITY/TOWN _____ POSTAL CODE _____

OFFICE/HEALTH CENTRE PHONE NUMBER _____ WORK CELL PHONE NUMBER _____ FAX _____

4. Regional Affiliation

(Please check one)

- Northern Region
- Fraser Salish Region
- Vancouver Island Region
- Interior Region
- Vancouver Coastal Region



5. Type of Membership

I am applying to become a **MEMBER**, I meet the following criteria:

The most senior employee or contractor employed as a Health Director, Health Manager, or Health Lead by a First Nations Entity in British Columbia; and

YES NO

Responsible for the day to day management, administration and delivery of health programs and services for a First Nations Entity.

YES NO

SIGNATURE _____ DATE (DD/MM/YYYY) _____