



## About the **CANADIAN ABORIGINAL AIDS NETWORK**

[WWW.CAAN.CA](http://WWW.CAAN.CA)

# CAAN

REVISED  
**2011**

### **MANDATE OF THE ORGANIZATION**

The Canadian Aboriginal AIDS Network (CAAN) is a non-profit coalition of Aboriginal individuals and organizations which provides leadership, support and advocacy for Aboriginal People living with and affected by HIV and AIDS, regardless of where they reside.

### **MISSION STATEMENT**

As a key national voice of a collection of Aboriginal individuals, organizations and provincial/territorial associations, CAAN provides leadership, support and advocacy for Aboriginal people living with and affected by HIV and AIDS. CAAN faces the challenges created by HIV and AIDS in a spirit of wholeness and healing that promotes empowerment, inclusion and honours the cultural traditions, uniqueness and diversity of all First Nations, Inuit and Métis people regardless of where they reside.

### **VISION STATEMENT**

A Canada where First Nations, Inuit and Métis people, families and communities achieve and maintain strong, healthy and fulfilling lives free of HIV and AIDS and related issues where Aboriginal cultures, traditions, values and Indigenous knowledge are vibrant, alive, respected, valued and integrated into day-to-day life.

### **Current Activities**

Showing leadership on Aboriginal HIV and AIDS Issues;

- Maintain partnerships with Aboriginal and non-Aboriginal organizations and the private sector, and
- Host Gatherings of Aboriginal People living with HIV and AIDS; identifies and responds appropriately.

### **Resource and Policy Development**

- Develop educational and training manuals; policy frameworks, policy statements, and position papers.
- Collaborate with National Aboriginal Council on HIV and AIDS to provide policy advice.

### **Communications and Social Marketing**

- Host a yearly National event during Aboriginal AIDS Awareness Week from December 1st - 5th.
- Maintain a website, which includes a youth portal, National HIV Prevention Toolkit, Facebook page, newsletters and through direct mail.

### **Capacity Building**

- Host an annual skills building and policy forum.
- Deliver training related to current projects.
- Participate in other conferences to share new knowledge.

### **Research and Evaluation**

- Conduct community-based research projects.
- Offer research capacity-building initiatives.
- Conduct an annual integrated evaluation of all of key activities.

### **International Networking**

Current Host of the International Indigenous Working Group on HIV and AIDS that works to advance Indigenous HIV and AIDS issues around the world, especially during International AIDS conferences.

**Know your HIV status:  
Get Tested!**



# MEMBERSHIP APPLICATION FORM

**Head office:**  
6520 Salish Drive  
Vancouver, BC V6N 2C7

**Toll free:**  
1-888-285-CAAN (2226)  
**Phone:** (604) 266-7616  
**Fax:** (604) 266-7612  
www.caan.ca or  
Email: info@caan.ca

**Halifax office:**  
113-154 Willowdale Drive  
Dartmouth, NS B2V 2W4  
**Phone:** (902) 433-0900  
**Fax:** (902) 433-3041  
www.caan.ca  
Email: info@caan.ca

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**PLEASE FILL IN THE FOLLOWING FORM:** (once complete, mail or fax in)

## FULL MEMBERSHIP (VOTING)

\_\_\_\_ We are an Aboriginal controlled organization or community with a significant HIV and AIDS focus applying for full voting membership. \$50.00 annual fee.

\_\_\_\_ I am an Aboriginal Person living with HIV or AIDS applying for a free full voting membership.

(please circle which applies to you)

Inuit   Métis   First Nations

## ASSOCIATE MEMBERSHIP (NON-VOTING)

\_\_\_\_ We are an organization with interest in Aboriginal HIV and AIDS issues and support the mission of CAAN and applying for a non-voting membership. \$25.00 annual fee.

\_\_\_\_ I am an individual who supports the mission of CAAN and am applying for a non-voting membership. Free.

Declaration: I/We \_\_\_\_\_ support the mission and objectives of the Canadian Aboriginal AIDS Network.

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_ 20\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Prov./Terr: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Ph: (    ) \_\_\_\_\_

Fax: (    ) \_\_\_\_\_

Provincial/Territorial Board Representative or reference person who can support/verify your application:  
\_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_

*\*Please note: costs of mailing are significant. We strongly encourage members to let us know any changes of address.*

### For administrative purposes only.

Date received: \_\_\_\_\_

Approved:            Yes \_\_\_\_\_ No \_\_\_\_\_

Date Approved: \_\_\_\_\_

Membership #: \_\_\_\_\_

Charitable Organization # 888780178 RR0001