



**ATLOHSA**  
FAMILY HEALING SERVICES

HEAD OFFICE  
343 Richmond St.  
London ON, N6A 3C2

CORPORATE OFFICE  
2212 Elm Ave.  
Southwold ON, N0L 2G0

## Membership Application

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Application: \_\_\_\_\_

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

Sex:      Male      Female      I'd rather not say      Date of Birth: \_\_\_\_\_

Do you self-identify as:

First Nations      Inuit      Metis      Unknown      Non-Indigenous      Prefer not to say

Primary Phone No. \_\_\_\_\_ Secondary Phone No. \_\_\_\_\_

I, the undersigned, have made an application for membership to AtlohSA Family Healing Service Inc. (hereinafter called the "Corporation") acknowledging that membership in the Corporation shall be limited to persons interested in furthering that objects of the Corporation and being made up of those persons whose application for admission as a member of the Corporation has received the approval of the Board of Directors of the Corporation.

I further acknowledge that as member of the Corporation, I shall remain liable for payment of any assessment of other sum levied of which becomes payable by myself to the Corporation before acceptance of my resignation by the Board of Directors of the Corporation. I further acknowledge that as a member of the Corporation, I may be expelled or suspended or required to resign by a vote of three-fourths (3/4ths) of the members at an annual meeting or a special meeting called for that purpose. As a member of the Corporation, I shall be entitled to one vote on each question arising at any special or general meeting, and at the annual meeting of the members of the Corporation.

I understand that the mission of this Corporation is to strengthening community through Indigenous-led programs and services that offer holistic healing and wellness. I also understand that the objects (purpose) of the Corporation are:

Registered Charity  
#13064 5203 RR 0001



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1. To gather and process information concerning all aspects of Native family and community violence.
2. To promote awareness and provide education and counselling in the Native communities throughout Ontario concerning all aspects of Native family and community violence.
3. To provide aid to victims of Native family and community violence throughout Ontario.
4. To liaise with existing and future victims of violence committees.
5. To develop and operate prevention and treatment programs.
6. To provide and operate non-profit housing accommodation with or without any public space, recreational facilities and commercial space or buildings appropriate thereto primarily for aboriginal persons of low or modest income.
7. Such other complimentary purposes not inconsistent with these objects.

I understand that the by-laws of the Corporation state that membership in the Corporation is limited to those persons interested in furthering the objects of the Corporation and I agree that I am willing and able to help further the objects of the Corporation.

By submitting this application online, I agree to the above statements.

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Applicant Signature

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Date

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