



[contact@braininjuryalliance.ca](mailto:contact@braininjuryalliance.ca)

[www.braininjuryalliance.ca](http://www.braininjuryalliance.ca)

# New Member Application and Membership Renewal Application

**Deadline - Must be received by no later than March 31st of each year**

Brain Injury Alliance memberships must be renewed each year. Membership in the Alliance terminates when an agency no longer has a written agreement with the Alliance.

## **All new membership applications and membership renewal applications must be accompanied by:**

- Most recent audited financial statements or review engagement
  - Copy of your organization's constitution
  - Current list of the board of directors

**Please Note:** This membership application form must be saved to your desktop and opened from there before entering data.

Once completed, re-save and then attach the application and relevant documents to an email sent to [contact@braininjuryalliance.ca](mailto:contact@braininjuryalliance.ca)

Digital documents (such as .txt, .doc, etc.) are preferred when submitting supporting documents. If this is not possible, scanned supporting document files will be accepted.

## **Scanned Membership Application Forms will not be Accepted**

(Scanned supporting documents are acceptable)

**This digital application form (pdf) is the only acceptable manner of application submission.**

[www.braininjuryalliance.ca](http://www.braininjuryalliance.ca)

## Membership and Renewal Application



Organization Name	
Date of Application	

**Please attach a copy of your most recent audited financial records or review engagement.**

Type of Membership Application	New		Renewal	
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Information About Organization					
Contact Person		Title			
Email		Phone			
Address		City		Postal Code	
Society Registration Number		Charitable Registration Number			
Website					
Hours and days of operation					
Number of years in operation?					

Organization Structure	
What is the purpose of your organization? (Please attach the first page of your constitution) <b>New member applications only</b>	

Staffing		
<b>List the number of full time equivalent (FTE) staff for your entire organization.</b>		
Full Time Equivalent Staff (FTE)	No.	Description
Number of FTE staff for contracted services? (Fee for services, group homes, etc.)		
Number of FTE staff for other brain injury services not listed above?		
Number of FTE staff for administration? (Support staff, executive director, etc.)		

## Membership and Renewal Application



Organization Name	
Date of Application	

Primary Funders		
Funder	Annual Amount	% of Budget
Health Authority		%
Gaming		%
Fundraising		%
Donations		%
Fee for Service*		%
Brain Injury Alliance		%
Grants (Please specify)		%
Describe fee for services provided*		

### Changes to your organization (For Membership Renewal Applications Only)

Please check one:	Yes	No
Have there been any recent changes to your constitution or society registration? If so, please attach a copy of the revised document(s) for our records.		
Have you made any changes to the way that services are provided in the communities that you serve?		

### If you have answered yes to either of the above, please briefly describe:



Organization Name	
Date of Application	

Organization Details		
Please identify the community or communities where local staff are based on a daily or weekly basis, and to which clients attend to receive services.		
Which communities do your staff travel to at least once a month in order to serve clients or to provide community education or injury prevention services?		
<b>Please check one:</b>	<b>Yes</b>	<b>No</b>
Is your organization a registered non-profit society in the Province of BC?		
Is your organization a registered Canadian charity?		
Are your organization's board of directors and head office located in the Province of BC?		
Is the primary purpose of your organization, as stated in the organization's constitution, the provision of direct services to individuals living with an acquired brain injury?		
Are the services provided by the society available to any person whose primary disability is acquired brain injury?		
Does your organization provide services regardless of ability to pay, or upon the agreement of a third party to pay?		
Are your services focused on the choices and needs of the person with the brain injury, and is the individual considered to be the primary client?		
Does your organization provide the following:		
<ul style="list-style-type: none"> <li>One to one services (comprehensive case management, life skills, community access, outreach, etc.)</li> </ul>		
<ul style="list-style-type: none"> <li>Services to groups of individuals with brain injury (brain injury education, facilitated support groups, drop-in supports, social events, etc.)</li> </ul>		
<ul style="list-style-type: none"> <li>Services for family members and associates of persons with a brain injury</li> </ul>		
<ul style="list-style-type: none"> <li>Community education programs and/or consultation services</li> </ul>		
<ul style="list-style-type: none"> <li>Injury prevention programs and event services</li> </ul>		
Are the services provided by your organization available on a frequent, regular, and as-needed basis?		



Organization Name	
Date of Application	

### Client Information

How many unique individuals did you serve in the most recent measurable 12-month period in **all** your organization's programs?  
(Include only the number of individuals served, not the number of contacts)

Unique Individuals with Brain Injury		Family Members		<b>Note: The 12-month period will be the normal period you use to calculate annual data.</b>
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### Service to indigenous communities

Please check one:	Yes	No
Did your organization facilitate/attend any service delivery/relationship building events/sessions featuring indigenous communities (local or otherwise) in the most recent measurable 12-month period? These could be in your own location, alternate locations, or in indigenous communities.		
If yes, how many events?		

### Service for people with complex care needs

<p>How many people with complex care needs did you serve in the most recent measurable 12-month period in <b>all</b> your organization's programs? (This means a person with an acquired brain injury combined with additional issues that lead to an intensive use of the system).</p> <ul style="list-style-type: none"> <li>• A mental health issue &amp;/or</li> <li>• Addictions &amp;/or</li> <li>• Interactions with the justice system &amp;/or</li> <li>• Homelessness</li> </ul>	
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### Housing needs

How many people with acquired brain injuries that you served in the most recent measurable 12-month period in <b>all</b> your organization's programs <b>lost</b> housing?	
How many people with acquired brain injuries that you served in the most recent measurable 12-month period in <b>all</b> your organization's programs <b>gained</b> housing?	



Organization Name	
Date of Application	

## Deadline

### New Membership Applications and Membership Renewal Applications

**Must be received by no later than March 31st of each year**

- The Brain Injury Alliance reserves the right to deny a new membership or renewal request.
- All decisions by the board of directors are final.
- Membership does not guarantee a successful grant application.

We declare that the \_\_\_\_\_ is eligible for membership and does hereby agree to be a member agency of the Brain Injury Alliance, and to abide by its constitution and bylaws. We hereby agree to provide culturally sensitive services.

Name of Authorized Officer: \_\_\_\_\_ Position: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Authorized Officer: \_\_\_\_\_

Name of Board Director: \_\_\_\_\_ Position: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Director: \_\_\_\_\_

To create a digital signature, double click on a digital signature field in the form, and follow the prompts to create one. Should you encounter difficulty completing and saving this form, please email the issue(s) you are experiencing to [contact@braininjuryalliance.ca](mailto:contact@braininjuryalliance.ca)

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