

Thrive HIV Prevention & Support Membership Registration

Contact Information

Name: _____

Address: _____
Apt. # Address City Postal Code

Telephone: Home: _____ Cell: _____

Email: _____

I would like to be a 2025/2026 member of THRIVE

- ☐ Volunteer / Individual \$15
- ☐ Individual \$20
- ☐ Non-Profit Corporation \$25
- ☐ For-Profit Corporation \$50
- ☐ Please waive my membership fees I can afford \$ _____

I would like to make a donation to support THRIVEs Programs & Services

- ☐ \$25 ☐ \$50
- ☐ \$100 ☐ Other: _____

Payment Method

- ☐ Cash & Credit - Please visit our Kitchener or Guelph Offices to pay
- ☐ Cheque - remit cheque to the Kitchener office address - listed below - and make payable to ACCKWA
- ☐ Online - Please visit <https://thrivehiv.square.site> and select Membership Fee

Other Information:

- ☐ Please send me Planned Giving Information

Total Amount (membership fee, and donation if applicable): _____

Members' Benefits, Rights & Responsibilities

Benefits

Becoming an active voting member of THRIVE means you:

- Have a say in the direction of the agency;
- Have paid the annual membership fees;
- Support the aims and objectives of the agency;
- Can attend and vote at the Annual General Meeting;
- Can stand for nomination to the Board of Directors; and
- Can elect the incoming Board members

Alongside these direct benefits for you, membership also plays a big role in direct benefits for the agency. Companies will invest in organizations where community members are willing to invest. Large memberships speak volumes to donors and grant providers; commitment from members often translates into commitment for funding. So, you can rest assured that your membership is helping the agency to grow and expand, in more ways than one!

Rights

- Right to have confidentiality respected
- Responsible to respect confidentiality
- Right to 30 days' notice of any meeting of Members
- Right to vote in person or by proxy at meetings of Members if registered as a Member 30 days in advance of the meeting
- Right to select the Directors of THRIVE at the Annual General Meeting if registered as a Member 30 days in advance of the meeting
- Right to view Board meeting minutes and recent financial reports at any time upon request
- Right to attend THRIVE Volunteer training sessions
- Right to waiving or adjusting of Membership fees pursuant to THRIVEs Bylaws based on your ability to pay

Responsibilities

- Responsible to support THRIVEs Vision, Mission Statement, Purpose and Goals

Membership Declaration

I am signing below to indicate my support for THRIVEs Vision, Mission Statement, Purpose and Goals to confront HIV/AIDS through support, education, and advocacy.

Member's Name (please print): _____

Signature: _____ Date: _____