



CAFCA

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**CHILD AND FAMILY
COUNSELLING ASSOCIATION**

Parliament Mews
#5 - 230 Menzies Street
Victoria BC V8V 2G7

Membership Application

Our Vision: Bringing good things to life one child and one family at a time.

Our Mission:

- CAFCA is committed to offering effective programs and services that support individuals and families to reach their potential.
- One child at a time, we support and facilitate positive change and promote family strength, resiliency and development.
- Our final responsibility is to the communities in which we live and work and to the world community as a whole.

Our Mandate:

- To empower families and to build family and community capacity to raise healthy children, who are valued, respected and safe.
- To assist youth in care during and after their transition to independence to be healthy, educated and successful young adults.
- To assist families with children and youth, who have mental and/or physical challenges, to thrive to the best of their abilities - in being valued, respected, safe and optimally independent.
- To support parents and families of children and youth with autism and to build on their gifts to gain friends, be successful in social interactions, succeed in school with successful behaviour and maximum academic gains and be valued and respected as members of their communities, as they work towards optimal independence.
- To support CAFCA's service providers and promote their wellness.

CAFCA ANNUAL MEMBERSHIP APPLICATION

Name: _____

Agency: _____

Address: _____ Postal Code: _____

Telephone: _____ Fax: _____

Email address: _____

Date Joined: _____

New membership entitles a member in good standing with ONE vote.

Annual Membership fees (check applicable box/es)

- Current staff member, board member or volunteer - \$5.00 fee
- Community member - \$5.00 fee
- Donation \$..... (optional)

- Amount of cheque enclosed - \$.....

**Please make cheque payable to the Child and Family Counselling Association
Mail to CAFCA, #5-230 Menzies Street, Victoria, BC, V8V 2G7**

I agree to support CAFCA's mandate, mission and values and will participate in furthering the objectives of the organization.

Signature: _____ Date: _____

NOTE: Not a member unless form is signed and membership fee attached

I would like to receive CAFCA's monthly newsletter via email to the email address indicated above:

- Yes
- No

For office use: Membership valid for the term ending