

**CIAFV  
Agency/Government/Funder Membership Agreement**

<b>Agency/Government Dept/Funder</b>			
<b>First Name</b>		<b>Surname</b>	
<b>Program/Service</b>		<b>Title</b>	
<b>Address</b>			
<b>City</b>			<b>Postal Code</b>
<b>Phone</b>	<b>Cell</b>	<b>Fax</b>	<b>Email address</b>
<b>Membership Date</b>		<b>End date</b>	

I have read, understand, and support the Vision, Mission, Involvement Principles, and Code of Conduct of CIAFV. I agree to assign at least one staff member as our agency's representative on CIAFV and to inform the CIAFV Coordinator of any changes in a timely manner.

**Agency Signature** \_\_\_\_\_  
**Printed Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Representative 1**

<b>First Name</b>		<b>Surname</b>	
<b>Program</b>		<b>Title</b>	
<b>Address</b>			
<b>City</b>			<b>Postal Code</b>
<b>Phone/Direct line</b>	<b>Cell</b>	<b>Fax</b>	<b>Email address</b>
<b>Representative's Signature</b>		<b>Start Date</b>	<b>End Date</b>

As the representative of this agency assigned to participate in CIAFV meetings, I have read, understand, and support the Vision, Mission, Involvement Principles, and Code of Conduct of CIAFV. I agree that my photograph may be taken and used for promotional purposes in CIAFV print materials and on the CIAFV website.

**Representative 2**

<b>First Name</b>		<b>Surname</b>	
<b>Program</b>		<b>Title</b>	
<b>Address</b>			
<b>City</b>			<b>Postal Code</b>
<b>Phone</b>	<b>Cell</b>	<b>Fax</b>	<b>Email address</b>
<b>Representative's Signature</b>		<b>Start Date</b>	<b>End Date</b>

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**Representative 3**

<b>First Name</b>		<b>Surname</b>	
<b>Program</b>		<b>Title</b>	
<b>Address</b>			
<b>City</b>			<b>Postal Code</b>
<b>Phone/Direct line</b>	<b>Cell</b>	<b>Fax</b>	<b>Email address</b>
<b>Representative's Signature</b>		<b>Start Date</b>	<b>End Date</b>

As the representative of this agency assigned to participate in CIAFV meetings, I have read, understand, and support the Vision, Mission, Involvement Principles, and Code of Conduct of CIAFV. I agree that my photograph may be taken and used for promotional purposes in CIAFV print materials and on the CIAFV website.

**Representative 4**

<b>First Name</b>		<b>Surname</b>	
<b>Program</b>		<b>Title</b>	
<b>Address</b>			
<b>City</b>			<b>Postal Code</b>
<b>Phone/Direct line</b>	<b>Cell</b>	<b>Fax</b>	<b>Email address</b>
<b>Representative's Signature</b>		<b>Start Date</b>	<b>End Date</b>

As the representative of this agency assigned to participate in CIAFV meetings, I have read, understand, and support the Vision, Mission, Involvement Principles, and Code of Conduct of CIAFV. I agree that my photograph may be taken and used for promotional purposes in CIAFV print materials and on the CIAFV website.

**Representative 5**

<b>First Name</b>		<b>Surname</b>	
<b>Program</b>		<b>Title</b>	
<b>Address</b>			
<b>City</b>			<b>Postal Code</b>
<b>Phone/Direct line</b>	<b>Cell</b>	<b>Fax</b>	<b>Email address</b>
<b>Representative's Signature</b>		<b>Start Date</b>	<b>End Date</b>

As the representative of this agency assigned to participate in CIAFV meetings, I have read, understand, and support the Vision, Mission, Involvement Principles, and Code of Conduct of CIAFV. I agree that my photograph may be taken and used for promotional purposes in CIAFV print materials and on the CIAFV website.

**Please return the completed form to CIAFV at:**

**Fax: (780) 484-7737**