

AGREEMENT TO COLLABORATE Multi-Agency Partnership (MAP)

I and/or my agency agree to actively participate in the unincorporated Multi-Agency Partnership (MAP) of British Columbia, according to the MAP Terms and Conditions, and toward the fulfillment of MAP's mission:

to work collaboratively to identify barriers and provide solutions to promote the protection and well-being of refugee claimants and service providers, by facilitating networking and information sharing.

Yes, I agree:

Name of Individual or Agency Director Approving Membership	
Name of Agency (if applicable)	
Agency's Representatives to MAP and positions <small>(agency staff or volunteers attending MAP meetings are considered MAP members)</small>	
Telephone	
Email	
Signature	
Date	

Membership: (please choose your membership and preferences)

- Partner** – (attends minimum 6 meetings per year; can be nominated to Executive)
 - Yes, publish my agency name on the MAP website
 - Yes, publish my agency name in MAP publications
 - Yes, keep me informed through MAP mailings

- Participant** – (receives MAP mailing and/or attends MAP meetings)
 - Yes, keep me informed through MAP mailings

***Please return a signed copy of this form by mail to:**

Jenny Moss, MAP Coordinator
Email: info@mapbc.org