

Membership Form

To be admitted as a member, you must:

- a) be consistent with the mission and objectives of Projets Autochtones du Québec;
- b) sign a membership form submitted by the organization;
- c) be accepted as such by the board of directors.

Members receive notices of meetings of members of the organization, have the right to attend these meetings, have the right to speak and to vote. They are eligible as members of the board of directors of the organization, subject to section 29.1 [of the General By- laws].

Mission

PAQ is an Indigenous organization that accompanies First Nations, Inuit and Métis peoples facing housing insecurity in Tio'tià: ke / Montréal. Using a culturally adapted approach based on empowerment and harm reduction, we offer shelter, housing options and services that promote healing, well-being and community. We work in partnership to advocate for the health and housing rights of urban Indigenous Peoples.

The main objectives of the organization are:

- a) provide shelter for Aboriginal people, as well as emergency food and social services to alleviate poverty through charitable donations
- b) identify the needs and risk factors of the urban Aboriginal community in terms of physical health and well-being
- c) provide culturally appropriate reintegration programs and services for the benefit of the community
- d) receive donations, legacies and other contributions of the same nature (money or securities or real estate), administer said legacies and contributions, organize fundraising campaigns for charitable purposes and for the aforementioned objects
- e) offer residential units for rent for people from the indigenous community with low or modest incomes
- f) acquire, build, renovate, fit out and administer one or more real estate complexes to achieve the goals of the corporation.

I wish to become a member of Projets Autochtones du Québec

New member

Renewal

Please indicate which membership category you belong to:

Category A: User of PAQ services

Category B: Indigenous person, non-user of PAQ services

Category C: Non-Indigenous person

Last Name: _____ First Name: _____

Address : _____

City : _____ Postal Code : _____

Phone : _____ Email : _____

Signature : _____