



**Canadian International  
Immigrant & Refugee  
Support Association**

**FORT MCMURRAY BRANCH**

**MEMBERSHIP AND DONATION FORM**

**206-10020 FRANKLIN AVE, FORT MCMURRAY, AB T9H 2K6 TEL: (587) 276-0011**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**How long in this position:** \_\_\_\_\_

**Employment start date:** \_\_\_\_\_

**Are you a: Canadian Citizen Permanent Resident (please circle)**

**Date of arrival to Canada:** \_\_\_\_\_

**Country of Origin:** \_\_\_\_\_

**Marital Status: Single Married Common Law Separated Divorced (circle)**

**If married:**

**Name of Spouse:** \_\_\_\_\_

**Name of Spouse's Employer:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Employment start date:** \_\_\_\_\_

**Spousal Phone:** \_\_\_\_\_

**Number of Children:** \_\_\_\_\_

**Ages of Children:** \_\_\_\_\_

**Have you signed any sponsorship? Yes / No**

**If yes, how many and what type of sponsorship?**

**Group of 5 Community / Agency Family Class Other \_\_\_\_\_ (circle)**

**Annual Membership: \$\_\_\_\_\_ Donation: \$\_\_\_\_\_**

**Do you wish to become a volunteer of CIIRSA? Yes / No (circle)**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Charity #: 1196169050 RR 0001.**

**A tax receipt will be issued for all donations.**

**MEMBERSHIP PAID: 2020 2021 2022 2023 2024 2025 2026 2027**

**REFUGEE INFORMATION - THE PERSON YOU WISH TO SPONSOR**

**Member Name:** \_\_\_\_\_

**Refugee Name:** \_\_\_\_\_ **Gender:** M or F

**Date of Birth:** \_\_\_\_\_ **Country of Residence:** \_\_\_\_\_

**Date of Arrival:** \_\_\_\_\_ **Country of Origin:** \_\_\_\_\_

**Marital Status:** Married Single Divorced Separated Common Law

**Other:** \_\_\_\_\_ (please circle)

**Refugee Spousal Information (Husband or Wife)**

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Country of Residence:** \_\_\_\_\_

**Children Under 18 Years Old**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Country of Residence:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Country of Residence:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Country of Residence:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Country of Residence:** \_\_\_\_\_

**Children Over 18 Years Old**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Country of Residence:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Country of Residence:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Country of Residence:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Country of Residence:** \_\_\_\_\_

**Relationship to You:** \_\_\_\_\_

**Please Note: Each Member can have only one case at a time, on the condition that all CIIRSA requirements are met.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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**GENERAL INFORMATION ABOUT BEING ON THE WAITING LIST:**

- 1. You are allowed to have two requests on the waiting list. If you already have two requests on the list your name will not be added for additional ones. However, if you have only one on the waiting list you can submit one more to be added. No requests for Israel are accepted.**
- 2. Your name will be added on the list when a space is available.**
- 3. All members of the refugee family must be declared when requesting.**
- 4. Sponsorship will be provided in the following order:  
A. Brother and Sisters B. Children C. Cousins or Others\_\_\_\_\_**
- 5. No replacements are allowed on the waiting list. If you wish to replace, the first name will be removed from the list and the new one will be added on the bottom of the list.**
- 6. Membership fees must be up to date to remain on the waiting list. If membership fees are not up to date your name will be removed from the list.**
- 7 Sponsorships will be provided one at a time.**

**DECLARATION:**

**I hereby agree to the above conditions about the waiting list.**

**Name:\_\_\_\_\_**

**Signature:\_\_\_\_\_**



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**CO-SPONSOR REFERENCES**

**This information is needed in case the contact person; needs to get a hold of  
co-sponsor immediately.**

**Reference # 1**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

**Reference # 2**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**A. Have you been convicted inside Canada of the offence of murder or an offence set out in Schedule I or II of the *Corrections and Conditional Release Act*? (refer to <http://laws-lois.justice.gc.ca/eng/acts/C-44.6/page-32.html#docCont>).**  Yes  No

**Have you been convicted outside Canada of an offence that, if committed in Canada, would constitute one of the offences referred to above?**  Yes  No

**(If you have received a pardon or final determination of acquittal, or if five years have elapsed since the completion of the sentence imposed, the conviction referred to above will not render you ineligible to sponsor refugees and you are not required to disclose the conviction details.)**

**If yes, provide conviction details:**

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<b>Charge / Sentence</b>	<b>Date (YYYY-MM-DD)</b>	<b>Place</b>
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**B. Are you in default of any court-ordered support payment obligations?**  Yes  No

**C. Are you currently detained in any penitentiary, jail, reformatory or prison?**  Yes  No

**D. Have you been ordered to leave Canada?**  Yes  No

**E. Are you subject of revocation proceedings under the *Citizenship Act*?**  Yes  No

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_