



**Canadian International
Immigrant & Refugee
Support Association**

LLOYDMINSTER BRANCH
MEMBERSHIP AND DONATION FORM

10584 107 STREET NW, EDMONTON, AB T5H 2Y6 TEL: (780) 429-4553

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: _____



**CANADIAN INTERNATIONAL
IMMIGRANT & REFUGEE
SUPPORT ASSOCIATION**



LLOYDMINSTER BRANCH

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:_____



**CANADIAN INTERNATIONAL
IMMIGRANT & REFUGEE
SUPPORT ASSOCIATION**



LLOYDMINSTER BRANCH

10584 107 ST, EDMONTON, AB T5H 2Y6 TEL: (780) 429-4553

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:

Charge / Sentence	Date (YYYY-MM-DD)	Place
--------------------------	--------------------------	--------------

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:** _____