



HIV/AIDS Network, Outreach & Support Society

Membership Application

Fiscal Year 2025 / 2026

Name _____

Address _____

Daytime Phone _____ Evening _____

Email _____

Signature _____ Date _____

By becoming a member of ANKORS, I agree to uphold its Constitution, Bylaws, Confidentiality Policy, and Mission Statement.

Membership Fee \$2.00 – \$20.00 (sliding scale) Amount: _____

FOR OFFICE USE ONLY

Director Approval _____

Director Name _____ Date of Approval _____

1-800-421-2437

www.ankors.bc.ca | information@ankors.bc.ca

101 Baker Street
Nelson, BC V1L 4H1
(250) 505-5506

1324 2nd Street North
Cranbrook, BC V1C 4T6
(250) 426-3383

7331 3rd Street
Grand Forks, BC V0H 1H0
(250) 444-0334