

# Chapter Start-Up Package



**Effective as of: August 2016**



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# Ontario Native Women's Association

Dear Potential Chapter:

RE: Chapter Start-Up Package

Enclosed please find the Ontario Native Women's Association (ONWA) Chapter Start-Up Information Kit. This kit will assist in your endeavor of becoming an affiliate of ONWA.

ONWA's objective is to advance the voice of all Indigenous women in Ontario. To accomplish this, we must work together with all Indigenous women in Ontario to ensure that all diverse needs are supported.

Indigenous women and their families are the focus and we truly believe that the strength of our people lays in the foundation of the family. In fact, the programs that we deliver and the issues that we advocate for support the wellbeing of the individual, family, and the community.

Additionally, we are considered a Provincial Territorial Membership Association.

We have enclosed information about our organization that we hope will assist you and your group in uniting with us. We look forward to hearing from you and should you have any questions, please feel free to contact us.

Miigwetch.

Sincerely,

Cora-Lee McGuire-Cyrette  
Executive Director

**[www.onwa.ca](http://www.onwa.ca)**

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Toll Free: 1-800-667-0816 • Phone: (807) 577-1492 • Fax: (807) 623-1104

**Satellite Office:** 380 Ray Blvd • Thunder Bay, ON P7B4E6 • Phone: (807)623-3442



## Mandate, Objectives, and Vision

### Mandate

The Ontario Native Women's Association (ONWA) is a not for profit Organization that empowers and supports Indigenous Women and their families in the Province of Ontario.

Affiliated with the Native Women's Association of Canada (NWAC), ONWA encourages the participation of Indigenous Women in the development of Federal, Provincial, and Municipal/local government policies that impact their lives and ensure issues affecting Indigenous women and their families are heard at key Government tables.

ONWA is committed to providing services that Strengthen Communities and guarantee the preservation of Indigenous Culture, Identity, Art, Language, and Heritage. Ending violence against Indigenous women and their families and ensuring equal access to Justice, Education, Health Services, Environmental stewardship and Economic Developments, sits at the cornerstone of the organization. ONWA insists on social and cultural wellbeing for all Indigenous women and their families, so that all women, regardless of tribal heritage, may live their best life.

### Objectives

To build relationships with all levels of government and other organizations to collaborate on all socio-economic issues affecting the wellbeing of all Indigenous women and their families. (Physical)

To increase Indigenous Women's skills and capacity in planning, developing, and managing an array of programs and services that directly impacts their lives and those of their families. (Mental)

To work towards unity amongst Indigenous Women and their families to affect positive change in society in recognizing the importance of Diversity and inclusion of all people.

- Through a communication strategy with our membership we will encourage a unified voice to fully participate politically to ensure Indigenous Women and their families are appropriately represented.

To promote and advance equality and Social Justice issues as they affect the realities of Indigenous Women's lives. (Emotional)

- Designing of resource materials and Capacity Development Opportunities.

To preserve and promote the sacred roles of Indigenous women and their families as valued and respected members in the community. (Spiritual)

- Services are provided in a culturally respectful manner.

Provide opportunities for Indigenous Women to learn traditional ways unique to Indigenous Culture and to pass these teachings on to the future generations.

### Vision

ONWA is a united voice for equity, equality, and justice for Indigenous Women through Cultural Restoration within and across Nations.



## Structure of ONWA's Board of Directors and Grandmother's Council

Eastern Region	Southern Region	Western Region	Northern Region
<i>Melinda Commanda</i>	<i>Wendy Sturgeon</i>	<i>Georgette Murray</i>	<i>Agnes Bachman</i>
<i>Betsy Connor</i>	<i>Dr Gloria Alvernaz-Mulcahy</i>	<i>Cecilia Arms</i>	<i>Sharon Sapay</i>
<i>Director</i>	<i>Director</i>	<i>Roberta Wesley(secretary)</i>	<i>Kelly Anderson(treasurer)</i>
<i>Mariah Abotossaway</i>	<i>Jessica Winger</i>	<i>Kayla Meekis</i>	<i>Vacant</i>
<i>Suzanne Knapp</i>	<i>Elize Hartley</i>	<i>Catherine Everson</i>	<i>Corrine Nabigon</i>
<i>Grandmother</i>	<i>Grandmother</i>	<i>Grandmother</i>	<i>Grandmother</i>

Board of Directors	Executive Committee
<i>President</i>	<i>President</i>
<i>Vice President</i>	<i>Vice President</i>
<i>Treasurer</i>	<i>Treasurer</i>
<i>Secretary</i>	<i>Secretary</i>

Honourary Members
<i>Jeannette Corbiere Lavell</i>
<i>Dorothy Wynne</i>

Executive Director
<i>Cora-Lee Mcguire-Cyrette</i>



## How to become an Affiliated Member Chapter

As per By-Law #10, Affiliated member Chapter (ratified by membership 2011)(take out?0

As per By-Law #12 replaces, repeals and supersedes all previous versions of the organizational By-Laws relating generally to the transaction of affairs of the Corporation

### **Definition:**

An affiliated member Chapter is an organized group of not less than five (5) female persons of Aboriginal ancestry, each of whom is at least eighteen (18) years of age, who are resident in the Province of Ontario and who apply to become affiliated with the Association, provided that such organization conforms to the following:

Chapter Definition: Any previous Local or new group of Indigenous Women whose organization is registered and in good standing as an Incorporated group through the provincial or federal government will be eligible to become a full service delivery site of the ONWA. Chapters will be required to enter into a MOU with the ONWA in order to strengthen clarity and accountability in the relationships.

Council Definition: A grassroots group of women, who choose not to become an Incorporated body, but maintain a presence to provide supports, educate and advocate for Indigenous women and or children in their community. These groups can also be in the process of becoming an ONWA Chapter.

### **Application:**

Each Chapter applying for affiliation shall provide the Association with a written resolution to that effect passed by a majority of the members of the chapter at a general meeting of the said chapter; A written list of names, ages, and place of residence of each members, stating that they are eligible members, and a statement that all the said members have paid any dues that may be payable by members of the said Chapter, shall form part of the application.

### **Approval by Board:**

Approval of the application for an affiliation of a Chapter shall be decided by a majority vote of the Board of Director of the Association, and upon such approval being given, the said chapter shall be referred to as an affiliated Chapter of the Ontario Native Women's Association.

*\*\* if affiliation is denied, refer to Bylaw #10, section 40 for appeal process*



### Checklist for Affiliation

Task #	Description	Complete
1	Confirm that there are sufficient (minimum of 5) Indigenous Women in your area, that are available and interested in becoming Chapter (incorporated member)	<input type="checkbox"/>
2	Obtain and review ONWA's Bylaw #10 and other pertinent resources including changes with Chapters and Councils and the Regions Map. (If feasible, the Association may be able to send a representative to speak with your group)	<input type="checkbox"/>
3	Host a General Meeting of interested members in which the following business is addressed: <ul style="list-style-type: none"> <li><input type="checkbox"/> Motion – Agree compliance with ONWA's Aims and Objectives, Code of Ethics, and Bylaws</li> <li><input type="checkbox"/> Motion – Formally request affiliation with ONWA</li> <li><input type="checkbox"/> Determine a name in which the group wishes to be identified</li> <li><input type="checkbox"/> Discussion on membership types, fees, and collection of the same</li> <li><input type="checkbox"/> Completion of ONWA Membership Application forms and chart/list of members</li> <li><input type="checkbox"/> Selection of Leadership – Identify Executive Officers names, contact numbers, and Position</li> </ul>	<input type="checkbox"/>
4	Submit documentation to the ONWA Head Office: <ul style="list-style-type: none"> <li><input type="checkbox"/> Cover letter, requesting Affiliation and stating name of Chapter</li> <li><input type="checkbox"/> Motion – Affiliation, acceptance of ONWA principles</li> <li><input type="checkbox"/> Motion – Chapter Leadership; attach chart of contact information</li> <li><input type="checkbox"/> Membership Application forms, list of members, membership fees if applicable</li> <li><input type="checkbox"/> Chapter needs assessment</li> <li><input type="checkbox"/> Minutes of membership meeting</li> </ul>	<input type="checkbox"/>



5	<p>Await the ONWA Board of Directors decision – Formal Acceptance:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Confirm with the Head Office application received and complete</li> <li><input type="checkbox"/> Request notification of the next Board meeting dates</li> <li><input type="checkbox"/> Follow-up as required, obtain formal letter of acceptance</li> <li><input type="checkbox"/> Attend general membership meeting, ratified by ONWA membership</li> </ul>	<input type="checkbox"/>
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### **Duties, Responsibilities, and Obligations of Chapters**

The basic role of the ONWA Chapter is to provide a means in which Indigenous Women within the Community can structure and govern themselves to actively support the aims and objective of ONWA and to collectively promote the issues, ideas, and needs of their respective members and their families.

It must be understood that in order to make change, Indigenous Women must become publicly and politically active. Affiliated ONWA Chapters have both Administrative and Political duties and are to lead in a fair and just manner for all Indigenous Citizens.

#### Tasks to attend to by the Chapter:

- Recruit and accept Regular and Associate members; treat all individuals equally in conduct of affairs
- Maintain updated list of members names, place of residence, contact numbers, classification, fees/dues
- Maintain file of membership applications, needs assessment and other pertinent information as determined by Chapter group and/or Head Office
- Maintain Administrative and Financial records of meeting other activities of the Chapter
- Ensure that all information/reports received are promptly disbursed to members and relevant parties
- Host regular membership meetings no less than four (4) times a year
- Hold general Membership meetings on an annual basis, report on all Chapter activities, programs and services



- Hold election of Leadership/Executive Committee members no less than every five (5) years
- Establish and maintain communications with ONWA Regional Leaders and Provincial Programs to address membership needs and increase awareness, keep generally informed about Association activities
- Promote Community Awareness and active participation of Indigenous Women at the community decision making tables
- Selection of Delegate to represent the Chapter view at ONWA's Annual General Membership meeting



Incorporated Chapters to submit the following information:

- Incorporation Documents
- Organization BY Laws
- Proof of Insurance
- Banking Information including up to date signing authority
- Board Of Directors Listing
- Financial Audited Statements
- Copy of Organizations Annual Report

Documentation to be submitted to ONWA Head Office on an annual basis:

- Updated Membership List
- New Membership Applications
- Indigenous Membership Verification Form
- Chapter Profile Update
- Chapter Issue papers – concerns, opinions, and decisions
- Minutes from Regular Membership meetings and Chapter Annual General Membership meeting
- Copy of Chapter Bylaws; Letters Patent (if applicable)
- Copy of government program applications, proposals, reports, submissions, etc.
- Chapter AGA Delegate(s) with contact information for ONWA's AGA (45 days prior to AGA)
- Program surveys, questionnaire and feedback request forms (as requested/needed by program staff)



## Selection of Leadership

**Name of Chapter:** \_\_\_\_\_

**Executive Committee Representatives:**

Position	Name	Address	Phone	Fax or E-mail
President				
Vice President				
Treasurer				
Secretary				

### Chapter Motion

Meeting Date: \_\_\_\_\_

Moved by: \_\_\_\_\_                      Seconded by: \_\_\_\_\_

That the identified Indigenous Women, Regular Members be recognized as Executive Committee of the \_\_\_\_\_ Chapter, for a term of \_\_\_\_\_ years or until the next election process as identified by the regular membership.

Agree \_\_\_\_\_      Disagree \_\_\_\_\_      Abstain \_\_\_\_\_      Carried \_\_\_\_\_





## Membership Application Form

**Name of Chapter:** \_\_\_\_\_

Membership shall be open to all persons who agree to adhere to the Code of Ethics and Objectives of the Association and who otherwise qualify for any class of membership. The following memberships are available with the \_\_\_\_\_ Chapter : (Please check one)

- Regular Member (Voting): Female person of Indigenous ancestry, at least eighteen (18) years old, who expresses an interest in working towards the Chapter's stated aims and Objective and is a Resident of the \_\_\_\_\_ area.
- Member at Large: Female person of Indigenous Ancestry, at least eighteen (18) years old, who wishes to work with the Association, and whose application is approved by an affiliated Chapter of the Association and is a resident of Ontario.
- Associate Member (Non-Voting): Female person who is not of Indigenous Ancestry, at least eighteen (18) years old, who wishes to work to promote the Aims and Objective of ONWA, and whose application is approved by the \_\_\_\_\_ Chapter.
- Honourary Member: Any female person of Aboriginal ancestry who, in the opinion of the Board of Directors of the Association merits such recognition, accepts the membership and is granted this title by ONWA's Board of Directors and is ratified by the membership at an Annual Assembly.
- Corporate Member: A registered and Incorporated Organization that supports ONWA by becoming a member and must operate in the Province of Ontario; to be accepted and approved by ONWA's Board of Directors.



## Membership Application Form

Personal Information		
Applicant's Name: _____		
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth: (M/D/Y) _____
Address:		
P.O. Box/Street: _____		
Town/City: _____		
Postal Code: _____		
Phone: _____	Cell: _____	Email: _____
Tribal Heritage: <i>Verification is required. Please provide a copy of Status Card Métis Identification.</i>		
Are you of Indigenous Descent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a First Nations Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ (Please specify band)
Education		
<input type="checkbox"/> Elementary: _____	<input type="checkbox"/> College:* _____	
<input type="checkbox"/> Secondary: _____	<input type="checkbox"/> University:* _____	
<input type="checkbox"/> Other:* _____		
* Please specify course		
Current Status		
<input type="checkbox"/> Homemaker	<input type="checkbox"/> Unemployed	<input type="checkbox"/> School/Training
<input type="checkbox"/> Employed Full Time	<input type="checkbox"/> Employed Seasonal	<input type="checkbox"/> Employed Part Time
<input type="checkbox"/> Self Employed	<input type="checkbox"/> Business Owner	
<input type="checkbox"/> Other (Please specify): _____		



## Membership Application Form

### Areas of Interest (please check 3)

- |                                                                |                                               |
|----------------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Chapter Capacity Building/Development | <input type="checkbox"/> Justice Issues       |
| <input type="checkbox"/> Employment & Training                 | <input type="checkbox"/> Economic Development |
| <input type="checkbox"/> Disabled & Elderly                    | <input type="checkbox"/> Children & Youth     |
| <input type="checkbox"/> Cultural Teaching & Events            | <input type="checkbox"/> Health Issues        |
| <input type="checkbox"/> Other (please specify): _____         |                                               |

### Membership Fee (if applicable)

Current Membership fee has been set at \_\_\_\_\_ annually.

- Payment Attached/Enclosed  
 Money Order or cheque payable to: \_\_\_\_\_
- Sponsorship Requested

### Mail Application & Membership Fee (if applicable)

Treasurer/Secretary, Chapter: \_\_\_\_\_

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

### Please Sign Application Form

The applicant hereby makes application for Membership with the \_\_\_\_\_ Chapters, an affiliate of ONWA. If the Board of Directors of the Chapter and/or Association find any information contained in this application to be false, or in any way untrue and it can be proven that there was intent to defraud on the part of the applicant(s), the applicant may be denied membership

Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

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



**To Be Completed by an ONWA Representative**

Delivery Method: Canada Post / In Person / Fax / Other: \_\_\_\_\_ Date of application: \_\_\_\_\_

**Received by:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

**Address**

Name of Chapter: \_\_\_\_\_

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

**Leadership**

Term: Elected on \_\_\_\_\_ for a \_\_\_\_\_ year term, ending on \_\_\_\_\_.

**President**

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

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Vice-President**

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

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Treasurer**

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

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



Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Secretary**

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

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Member Activity**

1. How many members in the Chapter?

Regular: \_\_\_\_\_ Youth: \_\_\_\_\_ Associate: \_\_\_\_\_ Total: \_\_\_\_\_

2. How often does your Chapter meet?

3. Where does your Chapter meet? \_\_\_\_\_

Where are events and other activities held? \_\_\_\_\_

4. Last Annual General Membership meeting? \_\_\_\_\_ Next one? \_\_\_\_\_

5. When was your Chapter established?

6. Has your Chapter established operating Bylaws?

Yes / No

7. Has your Chapter developed an operating/administrative manual?

Yes / No

If yes, has it been distributed and accepted by your Chapter membership?

Yes / No

**Identified Priorities (please check 3)**

Chapter Capacity Building/Development

Justice Issues

Employment & Training

Economic Development



- |                                                        |                                           |
|--------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Disabled & Elderly            | <input type="checkbox"/> Children & Youth |
| <input type="checkbox"/> Cultural Teaching & Events    | <input type="checkbox"/> Health Issues    |
| <input type="checkbox"/> Other (please specify): _____ |                                           |

**Membership Fee (if applicable)**

Current Membership fee has been set at \_\_\_\_\_ annually.

- Payment Attached/Enclosed  
Money Order or cheque payable to: \_\_\_\_\_
- Sponsorship Requested



## Chapter Profile Information

### Mail Application & Membership Fee (if applicable)

Submitted by:

\_\_\_\_\_

Reasons for submission:

- To update Chapter Membership/Leadership
- New Chapter – applying for membership
- Other (please specify): \_\_\_\_\_
- \_\_\_\_\_

Please mail to:

Ontario Native Women's Assosiation  
 #15-684 City Road  
 Fort William First Nation, ON  
 P7J 1K3

Or Fax to: 807-623-1104

The \_\_\_\_\_ Chapter hereby makes application for membership with the Ontario Native Women's Association.

Name (print): \_\_\_\_\_ Position: \_\_\_\_\_

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

### To Be Completed by ONWA Representative

Delivery Method: Canada Post / In Person / Fax / Other: \_\_\_\_\_ Date of application: \_\_\_\_\_

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_