



MEMBERSHIP APPLICATION

version: 01-2021

Being a member of South Riverdale Community Health Centre (SRCHC) means:

- You understand and support the work of the Centre and what guides that work;
- You support our mission, vision and value statements (located on the back);
- You have both a role and responsibility to be involved in and support the work of the Centre; and
- You can promote the health of our community.

As a member of SRCHC you:

- Have full voting rights (including at the Annual General Meeting);
- Can be nominated and run for election to the Board of Directors;
- Can voice your opinions at members' meetings, the Annual General Meeting and as a committee member, focus/advisory group member;
- Will receive news about what is happening at the Centre;
- Can work with others in the community through our programs, projects and campaigns;
- Will show your support for the work of community health centres generally; and
- Live or work 75% of the time in the catchment area OR receive services from the Centre.

PLEASE PRINT CLEARLY

Last Name: _____ First Name: _____

Address: _____ Apt #: _____ Postal Code: _____

Phone: _____ Email (optional): _____

I prefer to communicate in: English Chinese Other: _____

I understand and support the Mission, Vision and Values of South Riverdale Community Health Centre. I would like to become a member of South Riverdale Community Health Centre; I understand that there is no fee to become a member. Membership expires on the 30th of September each year. We will send out a notice of expiry 60 days before this date.

- Renewing** member **New** member
- I live or work in the catchment area 75% of the time.
- I receive services from the Health Centre, but live outside the catchment area.

I certify that the information submitted in this application is true and correct to the best of my knowledge.

Date: _____



W o • (E) μ S E u Z o v o () S E S u š Z (E) • • } (E) (Æ v μ u (E) } À U }
i P (E) P (E) > • (E) (E) X P } @ o (E) > • (E) Z X } u

