



Rexdale Community Health Centre

8 Taber Road, Etobicoke, Ontario, M9W 3A4

Tel: 416- 744-0066 Fax: 416-744-1881

MEMBERSHIP APPLICATION

September 2006 - September 2007

Name: _____
(First Name) (Last Name)

Address: _____

Postal Code _____

Phone: (Home): _____ (Work): _____ (Fax): _____

Do you live in Rexdale? Yes No:

Do you work in Rexdale?..... Yes No:

Are you 18 years of age or older (this is a legal requirement)? Yes No:

Are you interested in volunteering with the Centre? Yes No:

If yes, please check off any of the following activities in which you would like to participate:

<i>(Please tick off as many as apply)</i>		Board Development Committee	<input type="checkbox"/>
Board of Directors	<input type="checkbox"/>	Fundraising Task Force	<input type="checkbox"/>
Special Events	<input type="checkbox"/>	Program Evaluation Task Force	<input type="checkbox"/>
Office Work	<input type="checkbox"/>	Other (please list):	

MISSION STATEMENT

The Rexdale Community Health Centre support and advocates for the physical, emotional, economic and social well being of its diverse community through primary health care, community social support, health promotion, collaboration and partnerships, community development and social action.

Signature _____ Date _____

I agree with the mission statement and purpose of Rexdale Community Health Centre

Office Only:	Confirmation of Identification:	Staff Initials
	Approved at Board of Directors Meeting	Date