



# Port Hope Community Health Centre

*"Building a healthier community together"*

## Membership Form 2010

*Membership is based on the calendar year January 1 – December 31. .Membership fees are \$2.00.  
A receipt and membership card will be issued.*

### **Mission**

We promote health and well being in the communities we serve by increasing accessibility and reducing barriers to health services and programs.

### **Vision**

Improved client and community access to comprehensive health care.

By becoming a member of the Port Hope CHC, you are eligible to vote on changes to our by-laws, elect new board members and support the people who are building a healthy community in our catchment area.

Members will receive a copy of our annual report, and 3 newsletters/year.

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

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

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

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate No: \_\_\_\_\_

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

New membership  Renewal

I confirm that I support the Port Hope Community Health Centre's Mission Statement and Vision, and that I am eighteen (18) years of age or over.

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