

Membership Form 2018- 2019

KDCHC is a non-profit charity. **Our mission** is “Act as an agent of change to build community capacity and deliver client centred primary health care, with a specific emphasis on people experiencing barriers to access.” Our vision is “A health community where Every One Matters.” KDCHC is committed to client-centred collaborative care, health equity and anti-oppression in the context of the social determinants of health.

Membership is one way to be involved. There are three types of members: voting, associate, and corporate. All members receive newsletters and notices of activities. **Voting members** must be at least 18 years of age and an active volunteer or a regular participant at our community events, or agree to meet the volunteer requirements during the year following membership. Only voting members can vote at the Annual General Meeting and be elected to the Board of Directors. **Associate memberships** are open to anyone 18 years of age or older who supports our work. **Corporate memberships** are for agencies or corporations who would like to receive our newsletter and foster partnership opportunities with the Community Health Centre.

To apply for membership, please fill out the following information:

First Name: _____ Last Name: _____

Organization (if applicable): _____

Address: _____

City: _____ Province: _____ Postal Code _____

Home Phone: _____ Work Phone: _____

Fax: _____ E-mail: _____

By completing this form, you are giving consent to KDCHC to use this information for the purposes of communicating with you regarding the business of the KDCHC including notices of meetings and events, newsletters, fundraising solicitation and other related purposes.

There is a small membership fee to help with the cost of mailings. If this fee prevents you from being a member, we can waive the fee. **Please indicate the membership you are applying for:**

Voting member (client, volunteer, participant at KDCHC):	\$5 _____	or please waive fee _____
Associate member (General Public):	\$10 _____	
Corporate member (Agency or Organization):	\$20 _____	

I meet the criteria for the membership category I am applying for. I agree to the KDCHC’s mission and vision and will support the KDCHC objectives as outlined by the Board of Directors.

Signature: _____ Date: _____

If you would like to make an additional donation to the KDCHC, please indicate amount below:

Donation amount \$ _____ (charitable receipt provided for **additional** donations of \$10 or more)

Total enclosed (membership + donation): \$ _____

Return form and membership fee at reception or mail to: Finance Team
 Kitchener Downtown Community Health Centre
 44 Francis Street South, Kitchener, ON, N2G 2A2