**Parkdale Queen West Community Health Centre**

 **Membership Application**

The Parkdale Queen West Community Health Centre (PQWCHC) is a non-profit organization registered in the province of Ontario, funded primarily through the Toronto Central Local Health Integration Network (TC-LHIN).

|  |  |  |
| --- | --- | --- |
| Membership Fee: N/A | Membership Term:One (1) year  | Please check 🗹  ❑New Member ❑Renewal |

You are eligible for **Full Membership** if you are 16 years of age and:

* fully support the Corporation’s Mission, Vision and Values Statements as follows:

|  |  |  |
| --- | --- | --- |
| **MISSION:**Strong Community.Better Lives | **VISION:**A model of Urban Health Carefor people where and when they need it. | **VALUES:**Client Centeredness and Community Responsiveness,Social Justice, Equity & Access, Capacity Building. |

* are not an employee of the Corporation.

|  |  |
| --- | --- |
| Name: | Home Phone: |
| Address: | Postal Code: |
| Email Address: | Work Phone: |

Are you, or have you been, a client of the Health Centre? ❒ Yes ❒ No

Are you interested in becoming a volunteer? ❒ Yes ❒ No

Are you interested in becoming a member of the Board of Directors? ❒ Yes ❒ No

Would you like to be contacted in the future about donations/fundraising for the Health Centre? ❒ Yes ❒ No

Do you consent to be contacted by email with updates (You can *unsubscribe anytime*)? ❒ Yes ❒ No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**FOR ADMIN USE ONLY**

|  |  |  |
| --- | --- | --- |
| **Member Number:** | **Date Received:** | **Date Approved by Board:** |