



Gateway
Community
Health Centre
Every One Matters.

Membership Application 2012-13

SUPPORT YOUR COMMUNITY HEALTH CENTRE BECOME A MEMBER

Community Health Centres are community governed. We have community individuals who are members of the Corporation and who serve on the Board of Directors. Members of the Corporation can actively participate in discussion at the Annual General Meeting on all matters before the membership, vote on the business of the corporation at the AGM and vote in the election of the Board of Directors. As a member, you can also provide feedback to programs and services held during the year. The Centre also draws support from our members on key issues that could affect services and/or on issues where advocacy on behalf of issues are required.

The Gateway Community Health Centre is a non-profit organization with charitable status. Donations to the Health Centre are welcomed and are used to support programming, education and capital equipment / building costs.

Full membership in the Gateway Community Health Centre Corporation shall be open to individuals who support the Mission, Vision and Core Values of our Community Health Centre and who are eighteen (18) years of age or over.

MISSION STATEMENT

The **Gateway Community Health Centre** provides accessible, community-governed primary health care services that encourages individuals and communities to take ownership for their health. We recognize equality, education, income, food security, housing, and the environment as key contributors to achieving health.

VISION STATEMENT

That all members of our communities have access to quality primary health care

CORE VALUES

Commitment Trust Respect Accountability

To vote, membership applications must be received 14 days prior to the Annual General Meeting.

Voting Members must reside or work within the Centre's catchment area defined as the Municipality of Tweed, the Hamlet of Roslin and those portions of the Municipality of Centre Hastings previously known as Huntingdon Township (lying East of Highway 62 and south of the Village and Township of Madoc).



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Please check all that apply: New Member () Renewing Member ()
Live in catchment area () Work in catchment area () Client of GCHC ()

Date: Day_____, Month_____, Year_____.

First Name: _____

Last Name: _____

Address:

PO Box/RR# _____

Street _____

City _____

Province _____

Phone Numbers:

Home: () _____-_____

Work: () _____-_____

Postal Code

E-Mail_____

*Membership runs from April 1st to March 31st and fees are \$5.00. Please make your cheque payable to: **Gateway Community Health Centre.** A receipt and membership card will be issued.*

<p>I confirm that I support the Gateway Community Health Centre's Mission Statement, its Vision and Core Values and that I am eighteen (18) years of age or over.</p> <p>_____</p> <p style="text-align: center;">Signature</p>	ADMINISTRATION	
	Previous Member	
	New Member	
	MEMBERSHIP #	
	\$5.00 Received	
	Receipt issued	

**Please leave your completed application and fee with our receptionist or send it to:
Gateway Community Health Centre, 41 McClellan St., Bag Service 99, Tweed, ON. K0K 3J0**