

Membership Application Form

Mission

Optimizing the health and wellbeing of local residents through access to quality primary health care services, as well as educating, promoting and providing wellness programs.

Vision

An ever stronger, healthier and informed community.

<u>Values</u>

Equity – We advocate for health equity and believe that every individual has equal opportunity to reach their fullest health and wellness potential. We strive to foster a welcoming, accessible, inclusive and responsive environment, breaking down the barriers that prevent equal access to health care. We are committed to treating clients and the community with a non-judgemental approach and preservation of their dignity.

Confidentiality – We respect clients' privacy and right to have all information held in confidence. We strive to ensure that client confidentiality is maintained at all times.

Compassion – When addressing health or social challenges, we strive to respond in a compassionate, caring and holistic manner.

Collaboration – We value partnerships with other service providers and clients, and the collective capacity that we create together as a community. Our approach to care is based on coordinated efforts and a common goal.

Responsiveness – We understand that every situation is different and has its own unique complexities to address. We are committed to remaining responsive to the needs of individuals and of our communities.

Education – We celebrate a focus on continual learning and growth and understand the important role that knowledge plays in promoting healthier communities.

Respect – We believe that every individual is entitled to be treated with respect at all times.

Applicant Information		
Last Name	First Name	
Address	Postal Code	
Home Phone / Cell	Email Address	
I am 18 years of age or older, reside, work or volunted care from Brock Community Health Centre.	er in Brock Township or surrounding areas, or receive	
I understand and support the above Mission, Vision and Values and would like to become a member of Brock Community Health Centre. I understand at this time there is no fee to become a member.		
Signature:		
Preferred method of contact: Mail Email		

Benefits of becoming a member of Brock Community Health Centre

- full voting rights at General Membership Meetings and Annual General Meetings
- eligible for nomination and election to the Brock CHC Board of Directors
- receive regular communications from Brock CHC (e.g., newsletter, media releases, communiques, etc.)
- opportunities to volunteer, be involved in committee work, assist with program and event activities

Thank you for your interest in becoming a member of Brock Community Health Centre. If you would like further information, please call 705-432-3322.

Please submit the completed and signed Membership Application form to:

Brock Community Health Centre 720 Simcoe Street P.O. Box 279 Beaverton, Ontario LOK 1A0

Application Approved By:		
	Secretary	
Date:		