

### Vision

Health and wellbeing for all.

### Mission

Empower the health and wellbeing of the people in our communities – together.

### Values

- People-centred: *Individuals are empowered to be in control of their health.*
- Respect and Inclusion: *Every One Matters.*
- Compassionate care: *For the whole person – physical, mental and social wellbeing.*
- Interconnectedness: *Building connections at all levels to provide comprehensive care.*
- Integrity and Responsibility: *Accountable for what we say and do.*

Name:

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Initial

PO Box: \_\_\_\_\_

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

Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

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

\*Email will be used to advise you before your membership expires and to communicate upcoming corporate events and happenings.

### Alternate mailing address (if the above address is seasonal)

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

Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_

- I live permanently or seasonally, or work in the Grand Bend Area.
- I attest that I support the Grand Bend Area Community Health Centre's vision, mission and values.
- I am 18 years old or older.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*The Chief Executive Officer will present your application to the Board of Directors for approval. Once approved, you have a three-year membership and are eligible to vote at GBACHC Annual General Meetings providing your membership application was approved 40 days in advance of the meeting.*