

## **BG-2.6a Membership Application Form**

## 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:			
		advise you before your membering corporate events and happe	• •
Alternate mailing a	ddress (if the above	address is seasonal)	
Street Address:			
Town:		Postal Code:	
<u>-</u>	pport the Grand Ben lues.	work in the Grand Bend Ard de Area Community Health	
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.