



SHKAGAMIK-KWE HEALTH CENTRE

MEMBERSHIP FORM

PLEASE PRINT

You are eligible to apply for membership if you are over 18 years of age and are sympathetic to the aims and objectives of Shkagamik-Kwe Health Centre, which includes the operation of a culturally-appropriate Aboriginal Health Centre, dedicated to balanced and healthy lifestyles.

Members are entitled to:

- ❖ *Vote at our Annual General Meetings*
- ❖ *Receive newsletters, annual report and other special mailings about our activities and events*

Please take a moment to complete and return this form to the Shkagamik-Kwe Health Access Centre.

MS. MR. MRS. MISS. DR. OTHER

Last Name: _____ First Name: _____

Address: _____

(Please include your postal code)

Telephone: _____

Email Address: _____

[optional] Please check the appropriate box ✓

Status residing on First Nation

Status residing in Urban/Rural Area

Non-Status/Aboriginal

Metis`

Inuit

Non-Aboriginal

Corporation

I, _____, acknowledge and accept that as a Member of the Corporation I am committed to support the best interests of the Shkagamik-Kwe Health Centre and I understand that I am expected to:

- be committed to Shkagamik-Kwe Health Centre’s Mission, Vision and Values;
- enthusiastically support of the Health Centre in my role as a member;
- demonstrate personal and professional integrity, wisdom, and judgment in my membership role;
- be prepared to volunteer support to the Shkagamik-Kwe Health Centre in its many initiatives and events and to participate openly and constructively;
- work positively, cooperatively and respectfully with others; and maintain a commitment to ethical standards and behaviour.

Signature: _____ **Date:** _____

Your completed form should be mailed or dropped off to the
 Shkagamik-Kwe Health Centre, 161 Applegrove St., Sudbury, ON P3C 1N2

For further information, please call (705) 675-1596.

<p>Office Use Only: Date Re- ceived: _____ Board Ap- proved: _____</p>		
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