

New Member Application Form

Your membership demonstrates that REACH has the support of our community. You provide us with a direct connection to the community we serve and help us demonstrate to our funders that the community is as committed to REACH as we are to you.

By becoming a REACH member, you have the opportunity to participate in the elimination of health inequity in East Vancouver. Since 1969, REACH has delivered primary care, dental care, and various community services, and has become a respected leading charitable organization in the community.

As a member for the 2017 year, you are eligible to:

- Attend the next Annual General Meeting in September 2017.
- Nominate eligible individuals for vacant Board of Directors positions (or run for yourself!).
- Vote for your choice for REACH's Board of Directors and for bylaw changes.

1 I support the goals and vision of REACH Community Health Centre (see www.reachcentre.bc.ca).

2

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| <input type="checkbox"/> I live in the Grandview – Woodland area or in East Vancouver. | <input type="checkbox"/> I use REACH services: <input type="checkbox"/> Dental <input type="checkbox"/> Multicultural Family Centre <input type="checkbox"/> Health Care Services |
| <input type="checkbox"/> I work in the Grandview –Woodland area or in East Vancouver. Address: _____ _____ | |

3

NAME: _____ **ADDRESS:** _____
PHONE: _____ **EMAIL:** _____

I consent to receiving emails from REACH regarding REACH events and organizational updates.

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|--|---|
| <input type="checkbox"/> Cash: \$ _____ | <input type="checkbox"/> Credit Card: \$ _____ Card Type: VISA MASTERCARD Card Number: _____ Expiry: ___/___ |
| <input type="checkbox"/> Cheque: \$ _____ | |

**Membership dues are \$1. Amounts paid above \$1 will be considered a donation.*

Signed: _____

Date: _____