

## 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 2018 year, you are eligible to:**

- Attend the next Annual General Meeting in September 2018.
- 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](http://www.reachcentre.bc.ca)).

**2**

I live in the Grandview – Woodland area or in East Vancouver.

I work in the Grandview –Woodland area or in East Vancouver.

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

I use REACH services:

Dental

Multicultural Family Centre

Health Care Services

**3**

**NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

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

**4**

**Cash:** \$ \_\_\_\_\_

**Cheque:** \$ \_\_\_\_\_

**Credit Card:** \$ \_\_\_\_\_

**Card Type:**    VISA            MASTERCARD

**Card Number:** \_\_\_\_\_ **Expiry:** \_\_\_/\_\_\_

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

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_