

Please fill out form, drop it off or mail it to one of our Unison Sites.

2020-2021 MEMBERSHIP APPLICATION FORM

I hereby apply for membership to Unison Health and Community Services.

I agree with and support the mission of Unison Health and Community Services as follows:

“Working together to deliver accessible and high-quality health and community services that are integrated, respond to needs, build on strengths and inspire change.”

Why become a member?

- ✓ You have the right to vote during our Annual General Meeting
- ✓ You will receive regular updates about our programs and services
- ✓ It is a great way to contribute towards strengthening your community
- ✓ It is a great way to connect with others in your community

PLEASE PRINT CLEARLY

NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____ PROV. ON _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

By signing I,

- agree to receive updates from Unison Health and Community Services about events, programs, and services.
- understand I can unsubscribe at any time.

SIGNATURE: _____ DATE: _____

Circle the option that applies to you:

- NEW MEMBERSHIP
- RENEW MEMBERSHIP

Membership fee has been waived for new and renewing members.