

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

### MEMBERSHIP APPLICATION FORM 2016

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’s a great way to contribute towards strengthening your community
- ✓ It’s a great way to connect with others in your community
- ✓ **Bonus:** You will receive a free Unison t-shirt!

**PLEASE PRINT CLEARLY**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

APARTMENT #: \_\_\_\_\_ CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ PCODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

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SIGNATURE \_\_\_\_\_ DATE (mm /dd /yyyy) \_\_\_\_\_

**NEW membership:**       **RENEW membership:**

    Paid Membership:       Volunteer/network participant:

**Membership fee:** New members or Renewals is **\$1.00 for one year**

*In consideration of individual contributions to the organization, volunteers and committee/network participants who wish to become members will have the membership fee waived*