APPLICATION FOR MEMBERSHIP

Vision, Mission, and Values

VISION

We are instrumental in the creation of a caring and respecting community in which all people have dignity and an optimum quality of life with access to a broad range of programs and services.

MISSION

As a leader in community health services and programs, we empower residents to improve their physical, emotional and social well-being. We are dedicated to building a strong and healthy Oshawa. – "Your Wellness, Our Mission".

VALUES

In our daily efforts we will:

- Strive for excellence
- Remove barriers and improve access
- Demonstrate fairness, respect and dignity
- Have integrity and be open, honest and trustworthy
- Work cooperatively and collaboratively

ABOUT MEMBERSHIP

There are two types of membership with Oshawa Community Health Centre, full and associate.

Full membership is open to any individual, 18 or older, living or working in Oshawa. Full members are entitled to vote at general member meetings.

Your privacy is important to us. Oshawa Community Health Centre does not collect any personal information about clients, members or donors, except that which is knowingly and specifically supplied to us by you. We will not disclose any personal information about you to any outside parties unless you were advised of this possibility before providing the personal information. For more information on our privacy policy please visit our website at www.ochc.ca or request a copy in writing.

Associate membership is open to any other interested individual over the age of 18. You need to renew your membership every two years.

I agree with the above Vision, Mission and Values and would like to become a member of Oshawa Community Health Centre.

Type of Membership (check one) ☐ **Full** ☐ **Associate**

I wish to receive information about the agency by mail (ie. Newsletter, special events…). Yes ☐ or No ☐

I wish to receive Oshawa Community Health Centre's annual appeal. Yes ☐ or No ☐

Name:			
Street Address:			
City:		Postal Code:	
Telephone Number:			
Email:			

Signature_____

Date _____

FOR OFFICE USE ONLY
Staff/Program Source:
Date Entered:
Expiry Date:

Oshawa Community Health Centre
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"your wellness, our mission"