



4481 Queen Street Niagara Falls, ON L2E 2L4  
 Phone: 905-356-4222 Fax: 905-356-5676  
 www.nfchc.ca



Ontario's Community Health Centres  
 Les centres de santé communautaire en Ontario

### MEMBERSHIP 2011-2012

Date Membership Paid \_\_\_\_\_

Member Since: \_\_\_\_\_

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_

I verify that I am 18 years of age or older and one of the following statements apply to me:  
 (Check applicable)

- I am a resident of Niagara Falls
- I work in Niagara Falls
- My employment covers the Niagara Region and benefits residents of Niagara Falls (ie. Outreach workers that are based in other cities that have Niagara Falls clients)
- I am interested in volunteering – Please list/explain any skills that can be of benefit to the NFCHC  
 \_\_\_\_\_ (use over→)

Signature: \_\_\_\_\_

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

**Membership Fees and Guidelines:** (Check applicable membership)

- Member \$5.00 per year** – Any interested persons, who support the purpose of the Niagara Falls CHC, who resides or is employed in the Niagara Falls CHC selected area. Each member is required to pay a membership fee annually.
- Associate Member \$3.00 per year** – A member from outside the catchment area of the Niagara Falls CHC.
- **Membership is renewable on April 1 annually and can be revoked any time at the NFCHC's discretion**
- **Each member shall be entitled to one vote on each question arising at any special or general meeting of the members. Each member shall promptly be informed by the Secretary of his/her admission as a member.**
- **Members may resign by resignation in writing, which shall be effective upon acceptance thereof by the Board of Directors or failure to pay your membership fee. Must be a member in good standing.**
- **All members shall pay a membership fee as stated above. This fee entitles members to one-year membership in the NFCHC. The membership fee must be paid 8 weeks before the Annual General Meeting to have voting rights at the meeting.**
- **Benefits of Membership:**
  - You identify yourself as a supporter of the NFCHC, its goals and objectives
  - Each member shall be entitled to one vote on each question arising at any special or general meeting of the members.
  - You will receive a newsletter, including details of forthcoming NFCHC events.
- **Please make membership cheques payable to Niagara Falls Community Health Centre Inc and mail along with completed application to 4481 Queen Street, P.O. Box 123, Niagara Falls, ON L2E 6S8.**