

Membership Application

Our Mission

South-East Ottawa Community Health Centre works with the diverse community of South-East Ottawa and with partners throughout the region to:

- *foster a healthy community:*
support the residents of South-East Ottawa to create healthy, welcoming, diverse and safe communities.
- *strengthen well-being:*
promote the development of healthy individuals and families, particularly with persons who are vulnerable.
- *provide a place where help may be given and received:*
provide integrated and holistic primary health and social services, promote access to other services and opportunities for persons who are vulnerable or marginalized, and support community members to help one another.

I have read and support the Mission Statement. _____

YOUR SIGNATURE

DATE

How can you help? Become a Member, Donor and/or a Volunteer!

- Membership is for a two-year period.
- There is no charge for membership.
- You will be eligible to vote for members of our Board of Directors at our Annual General Meeting.
- You will receive our Newsletter "Between Us" three times per year.

I wish to be a Member of South-East Ottawa Community Health Centre. I reside or work in the South-East Ottawa area or I am a client of the Centre. I am 18 years of age or older.

I wish to make a donation to assist South-East Ottawa Centre Community Health Centre in its work. (Make cheques payable to "SEOCHC". We are a Registered Charity and will issue an Income Tax receipt.)

I would like to find out more about volunteering.

Name: _____

Address _____

Unit/Apt. #

Ottawa, Ontario _____

Postal Code

Phone Number: _____

Home

Work

Email Address: _____

Please send completed form to:

South-East Ottawa Community Health Centre
1355 Bank Street, Suite 600
Ottawa, Ontario
K1H 8K7

ATTENTION: Catherine Janna

