

## MEMBERSHIP APPLICATION FORM

You can become a member at REACH:

- If you use at least one of the services at REACH, or live or work in East Vancouver
- Membership is free
- Just complete this form once. No need to renew.

As a Member you get to:

- Demonstrate your support for community directed healthcare
- Show our funders you support REACH
- Stay connected to healthcare decisions in our community
- Vote for (or become) REACH Board Members
- Attend Board Meetings (if you want) and the AGM
- Have your voice heard, and make your choices matter

Since 1969, people like you have chosen to run REACH as a non-profit. Our members have worked to ensure services meet the needs of the community, and are provided more holistically than the traditional fee-for-service doctor's office. Over the years REACH has delivered quality primary healthcare, dental care, pharmacy, and many other community services, winning broad public trust, respect, and recognition in the process while also reaching out to address the health and wellness needs of under serviced, and marginalized, members of our community.

We believe in quality healthcare for all. We believe that community health must be held in community hands.

### PERSONAL INFORMATION

First Name:	Last Name:
Address:	Postal Code:
Phone #:	
Email: (please PRINT)	

- I consent to receiving e-mails from REACH regarding REACH events and organization updates.

My preferred method of communication as a member (re – information from and feedback to REACH) is (please circle): Canada Post / Telephone / Email / Facebook

### OTHER INFORMATION

- I support the goals and vision of REACH Community Health Centre (See [www.reachcentre.bc.ca](http://www.reachcentre.bc.ca))
- I live in the Grandview – Woodland area or in East Vancouver.
- I work in the Grandview –Woodland area or in East Vancouver.  
Address: \_\_\_\_\_
- I am a patient / client of REACH Community Health Centre

### TYPE OF HEALTH CARE SERVICE(S) I USE AT REACH

- |  |  |
|--|--|
| <input type="checkbox"/> Dental                              | <input type="checkbox"/> Medical               |
| <input type="checkbox"/> Urgent & Primary Care Centre (UPCC) | <input type="checkbox"/> Pharmacy              |
| <input type="checkbox"/> Multicultural Family Centre (MFC)   | <input type="checkbox"/> Other(specify): _____ |

Signed: \_\_\_\_\_

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