

TAIBU Community Health Centre

27 Tapscott Road, Unit 1, Scarborough, Ontario, M1B 4Y7 Fax 416 644 3542 Tel 416 644 3539



MEMBERSHIP APPLICATION 2012-2013

Name:			Title:
(First Name)		Last Name)	
Address:			
Postal Code:	Email:		
Phone: (Home)	(Work)	(Cell)
Do you live in Malvern?		Yes	No
Do you work in Malvern?		Yes	No
Are you 18 years of age or older (this is a legal requirement)?		nt)? Yes	No
Are you interested in volunteering with the Centre?		Yes	No
Are you a member of the Black Health Alliance?		Yes	No
If yes please check off any of the following activities in which you would like to participate:			
Board of Directors Com		Community Advi	sory Committee
Fundraising Task Force Spec		pecial Events	
Office Work Outre		Outreach work	

Other: (please list)

MISSION STATEMENT

TAIBU Community Health Centre is a population based community health centre, which is committed to providing Primary Health Care Services to the Black Community in the GTA as its priority population. TAIBU is situated in the community of Malvern.

VISION

Healthy, vibrant and sustainable communities creating our own solutions

I agree with the mission statement and purpose of TAIBU Community Health Centre

Signature_____Date _____

Office use only:

Approved at Board of Directors meeting

Date: _____



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