

Office Use Only
Approved: _____
Date: _____
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## MEMBERSHIP FORM

SCHC By-Law (February 2025) indicate that:

Membership is open to individuals who are eighteen (18) years of age or older and who:

- a) have a demonstrated personal or professional interest in supporting the objectives and the work of the Corporation, OR
- b) are users of the Centre, OR
- c) live, work or attend school in the catchment area.

Individuals who satisfy any of the criteria for membership may be admitted for membership by resolution of the Board. Individuals who are employees of the Corporation are not eligible for admission as members of the Corporation. Former employees are eligible for membership in the Corporation one (1) year after the date they are no longer employees.

Membership in the Corporation shall be for a period of one (1) year or until June 30<sup>th</sup>. Membership applications must be received by May 31<sup>st</sup> of each year to be processed for participation at the Annual General Meeting which occurs in June of each year. Membership will expire each year on June 30<sup>th</sup>.

Please complete and return this form either by mail, fax or by e-mail.

By mail to:  
**Scarborough Centre for Healthy Communities**  
**629 Markham Road, Unit 2**  
**Scarborough, Ontario M1H 2A4**  
**Attention: Chief Executive Officer's Office**

By e-mail to:  
**execadmin@schcontario.ca**

By fax: **416-724-5205**

Please check all that apply:

- I am eighteen (18) years of age or older
- I have a personal or professional interest in supporting the objectives and the work of Scarborough Centre for Healthy Communities
- I am a user of SCHC services
- I live, work or attend school in the catchment area
- I am not currently an employee of SCHC nor have I been an employee of SCHC in the past year

Please print.

Date:		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
First Name:		Last Name:	
Street Address:		Apartment Number:	
City:	Province:	Postal Code:	
Home Telephone Number:			
E-mail address:			
Signature of Applicant:			