



TAIBU Community Health Centre

1371 Neilson Road, Suite 418, Scarborough, Ontario, M1B 4Z8

Tel 416 644 3539 Fax 416 644 3542



MEMBERSHIP APPLICATION

2011-2012

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)? Yes No

Are you interested in volunteering with the Centre? Yes No

If yes please check off any of the following activities in which you would like to participate:

Board of Directors Community Advisory Committee

Fundraising Task Force Special Events

Office Work Outreach work

Other: (please list) _____

MISSION STATEMENT

TAIBU Community Health Centre promotes health and wellbeing by providing comprehensive primary healthcare to the people of Malvern with specialized services to the Black Community.

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: **Confirmation of Identification:** **Staff Initials:** _____

Approved at Board of Directors meeting **Date:** _____