



Misiway Milopemahtesewin Community Health Centre

130 Wilson Ave, Timmins ON, P4N 2S9

Phone: (705) 264-2200 Fax: (705) 264-2243 www.misiway.ca

MEMBERSHIP APPLICATION FORM

About Misiway: The Misiway Milopemahtesewin Community Health Centre is established to provide quality programs and services that honour, respect and support Aboriginal culture, values and healing practices, complimented by western approaches to primary health care.

Misiway predominantly serves the needs of the Aboriginal community within the city of Timmins and, as resources allow, within a 140-kilometre radius of Timmins.

Eligibility: You are eligible to apply for membership with Misiway if you:

- a) are over 18 years of age;
- b) have demonstrated a personal or professional interest in supporting Misiway's goals and objectives; and
- c) live, work or attend school in the City of Timmins or the Catchment area.

Benefits of membership: Members are entitled to:

- vote at our Annual General Meetings;
- be nominated for election to the Misiway Board of Directors; and
- receive newsletters, annual reports and other special mailings about our activities and events.

Please note: *Becoming a member is not the same as becoming a client of the Centre.*
If you are looking for a doctor or a nurse you will need to contact us at (705) 264-2200.

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APPLICANT INFORMATION

Last name: _____

First Name: _____

Address: _____

Postal Code: _____ E-mail address: _____

Home Phone #: _____ Work Phone #: _____

Preferred method of contact (circle one): Phone Mail Email

Please check the appropriate box (optional)

| | | | |
|---------------------------------|--------------------------|-------------------------------------|--------------------------|
| Status residing on First Nation | <input type="checkbox"/> | Status residing in urban/rural area | <input type="checkbox"/> |
| Non-status Aboriginal | <input type="checkbox"/> | Métis | <input type="checkbox"/> |
| Inuit | <input type="checkbox"/> | Non-Aboriginal | <input type="checkbox"/> |

MEMBER DECLARATION

- I am 18 years of age or older and live, work or attend school in the Misiway catchment area.
- I have read, understand and agree to support Misiway's mission.

Signature: _____ Date: _____

Please submit the completed and signed membership application form to:

Misiway Milopemahtesewin Community Health Centre

130 Wilson Ave, Timmins ON, P4N 2S9

Office Use Only:

Date Received: _____ *Received by:* _____

Date approved by Board: _____

Privacy of your personal information is important to us. In becoming a member, your name and contact information will be included on a mailing list, which is used only for the purpose of sending you information related to your status as a member of the corporation. For more information, please call (705) 264-2200.