

# MEMBERSHIP APPLICATION

*Flemingdon Health Centre looks to the community for support and leadership. Individuals (over 18 years) are encouraged to become members and play an active part by serving on committees and even on the Board itself. If you would like to become a member of the Flemingdon Health Centre, please fill out the form below and mail, or drop it off at the Health Centre.*

*For further information please contact:  
Volunteer & Membership Coordinator 416-429-4991 ext.329*

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ M  F

ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

If the opportunity arises, I would like to be considered for volunteer work. *(Optional)*

YES  NO

Special areas of interest or expertise:

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