

Application for Membership

Thank you for your interest in the becoming a member; we value your support.

In accordance with the Bylaws of the Pender Islands Health Care Society (the Society), you must be 19 years of age or older AND a property owner or a resident (full- or part-time) of the Pender Islands community to be a voting member in the Society. By applying for membership, you are verifying that you meet these requirements.

You also confirm that in becoming a member, you support the Mission, Vision, Values and Goals of the Society. (To learn more about these, click on the link to our *Strategic Plan 2020-2025* at https://www.penderislandhealth.org/society)

Membership runs annually from the date of acceptance until the end of the next Annual General Meeting, after which the Society will offer the opportunity to renew membership. Only members are permitted to vote at the Annual General Meeting.

Contact Information

To ensure that you receive all necessary communications and an invitation to attend the Annual General Meeting, please provide the following information:

Full Name: (include preferred name):

Phone Number (cell number preferred):

Email:

Pender Address:

Mailing address (if different):

Date:

To apply for membership, fill out this form, scan it and email it to <u>info@penderislandhealth.org</u> or mail it to the address at top right.