

Application for Mildmay Community Health Foundation Membership

The **Mildmay Community Health Foundation** is now accepting applications for Community Members for the membership year beginning January 1, 2010.

Being a Community Foundation Member is an opportunity for members of the community to become involved, to support and to work to ensure high quality health care is maintained in the Community of Mildmay. The Community of Mildmay refers to the former Village of Mildmay; the former Carrick Township and the Hamlet of Formosa including that part within the former Township of Culross. Members are updated regularly through membership mailings and periodic meeting attendance, and play a key role in Foundation's governance structure by advising the Board on the review and selection of new Board Members and other issues that arise during the course of the year. Paid membership entitles voting rights.

Being a Community Foundation member is an opportunity for members of the community to have their say and to ensure that high quality health care is maintained in our area.

Your application is on the reverse. Additional copies are available at the Town Crier office or can be downloaded from the Municipal website at www.town.southbruce.on.ca

We thank you for your support, and consideration in applying for the coming year.

(over)

Application for Mildmay Community Health Foundation Membership

The Mildmay Community Health Foundation
Box 427
12 Absalom Street East
Mildmay, ON
N0G 2J0

e-mail: mchf@wightman.ca

Name: _____

Address _____

Town Postal Code Telephone No.

e-mail: _____
for notices of meeting etc.

Your Primary Service Area: (Please check one)

- Former Village of Mildmay
- Former Township of Carrick
- Hamlet of Formosa including that part within the former Township of Culross

I hereby apply to be a Community Foundation member of the Mildmay Community Health Foundation for the membership year of 2010. *Expires December 31st, 2010.*

Signature

Date

For Office Use Only

Received by: _____

Date: _____

Receipt # _____