

**MEMBERSHIP DECLARATION**

I, \_\_\_\_\_, hereby agree to become a member of *Nine Circles Community Health Centre Inc.* I recognize that as a member of *Nine Circles Community Health Centre* I agree to support its mission statement, vision statement, guiding principles and key concepts as outlined in the by-laws of this corporation.

I also recognize that I am entitled to all membership privileges as outlined in the *Nine Circles Community Health Centre* by-laws.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Please Print Name)

\_\_\_\_\_  
(Please Sign)

\_\_\_\_\_  
(Signature of Witness)

*Please include your contact information so that Nine Circles may contact you regarding member meetings:*

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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