



MEMBERSHIP APPLICATION

Becoming a member is easy. Simply fill out this form (legibly if possible)! Then send it to us with payment of \$50 for your **lifetime** membership share, payable to the Victoria Health Co-operative, c/o 1287 Boulderpath Rd., Victoria, BC, V9C 3X5. Your application will be welcomed and reviewed at the next Board meeting. Email: vichealthcoop@gmail.com

Your full name.....

Full Address.....

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City..... Province..... Postal Code.....

Email address/s.....

By giving us your email address, you are giving us permission to send you occasional emails about upcoming events or ask for your opinion on matters related to **your Co-op**.

Phone/s.....

What would you like to tell us about yourself and your interest in the Victoria Health Co-op?

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How might you participate in **your health co-op**?

- As a wellness / health professional.....
- As a volunteer provider of wellness or health educational or care services.....
- Make occasional phone calls to other members, stuff envelopes or help at meetings
- Help with governance, management or administration.....
- Help with communications such as web-site management.....
- Other.....

Check the Co-op Health Centre (547 Michigan St) notice board for:

- Summary of the International Co-operative Principles
- Benefits and responsibilities of membership
- Opportunities to participate in programs & planning
- Upcoming events
- Privacy policy
- FAQ page

How did you learn about the Victoria Health Co-op.....

Questions? Ask our President, Vanessa Hammond 250.415.9272 vichealthcoop@gmail.com