



## Membership Renewal Form

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **PHONE NUMBER/S:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**To be a member you must confirm both of the following:**

1. I support the goals and vision of REACH Community Health Centre
2. I, *(tick one of the following)*
  - Live in Grandview-Woodlands or East Vancouver
  - Use REACH services: Dental: \_\_\_ MFC: \_\_\_ Health Care Services: \_\_\_
  - Work in Grandview Woodland or East Vancouver – please give us your work address too.

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

Postal Code: \_\_\_\_\_

3. **Renewal Fee.** The membership fee is \$25. Limited income: pay what you can, \$1.00 to \$24.99. Enclosed for my membership fee is \_\_\_\_\_.

**Return to:**

**1145 Commercial Drive, Vancouver, BC V5L 3X3**

**Administration: (604) 254-5456 | Fax: (604) 254-8789 [info@reachcentre.bc.ca](mailto:info@reachcentre.bc.ca)**

4. Or in person: drop by REACH at 1145 commercial Drive, Administration department and bring your membership money.

**Due: June 30<sup>th</sup> 2011.**