



MEMBERSHIP APPLICATION and Support Commitment

Thank you for your interest in our community-owned wellness organization. Becoming a Member-Owner is easy. Simply submit this form with \$50 for your lifetime membership share, to: Victoria Health Co-operative, c/o 547 Michigan St., Victoria, V8V 1S5. Applications are welcomed and reviewed at each monthly Board meeting.

I, full name, apply to be a life-time member-owner of the Victoria Health Co-op (VHC). Full Address.....

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

Email:..... Signature.....

I will inform VHC of changes to this information.

By giving my email address, I am giving the VHC permission to send me information or ask for my opinion on matters related to my **Co-op**. I will read email and print materials, and attend General Meetings so that I can contribute to decisions about the VHC. Initial

As a Member-Owner I will contribute to the work of the Victoria Health Co-op:

- As a wellness / health practitioner..... Yes..... No.....
- Help with governance or management Yes..... No.....
- Occasional help with phone calls, filing, prep for meetings etc..... Yes..... No.....
- Helping to plan/lead new programs..... Yes..... No.....
- A monthly or annual contribution to the Co-op’s operating costs Yes..... No.....
- Other.....

The monthly or annual contributions can be made to the on-going operations of the VHC and/or to the **Creating Community Wellness Society (the CCWS) CRA 833835457** to support the VHC’s charitable work. For contributions to **CCWS** I will receive charitable donation tax receipts. We welcome contributions by cash, cheque, Visa or by pre-authorized transfer at any branch of the Coast Capital Credit Union

Questions? Ask us: Vanessa vichealthcoop@gmail.com 250.415.9272

The CCWS manages the Health Access Fund and enables us to provide Community Outreach.



CRA 833835457 www.wellnesscharity.com
wellnesscharity@gmail.com