## Application to be a member of the Creating Community Wellness Society

Wellness is important for me and my community. I wish to become a member of the Creating Community Wellness Society and anticipate that I will contribute to the Society in the following ways (please initial or comment on your particular interests):

* Check that the CCWS adheres to its Purpose and enacts the wishes of the Membership ……………..
* Evaluate the appropriateness of proposed programs and projects ………………..
* Help to prepare grant applications ……………………..
* Review expenditure of grant and donation funds……………………
* Contribute to social media and other outreach work…………………..
* Participate in outreach events………………………
* Make pre-authorized contributions to the CCWS…………………………………………………………………..
* Participate in organizational meetings……………………………….
* Other, my particular interests are…………………………………………………..………………………………………….
* Volunteering for the Society annually for: up to 4 hours……. 4 – 12 hours…… over 12 hours ……

Please initial each of the following:

I will attend each Annual General Meeting (usually April) or provide a Proxy vote…………………

I will abide by the CCWS’ Conflict of Interest and Confidentiality statement………………………

Your given name/s……………………………….….………. family name…………………………………..………..…………..……

Phone……………………… Email … ………………………………. Signature ………………………………………………………………

Postal address……………………………………………………………………………………………………………………………………………

Please state, in no more than 200 words, how you would contribute to the strength of the CCWS.