



TAIBU Community Health Centre

27 Tapscott Road, Unit 1, Scarborough, Ontario, M1B 4Y7
Tel 416 644 3539 Fax 416 644 3542



MEMBERSHIP APPLICATION

2017-2018

Title: _____ Name: _____
(First Name) (Last Name)

Address: _____ Apt# _____

City: _____ Postal Code: _____

Email: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Do you live in Malvern? Yes No

Do you work in Malvern? Yes No

Are you 18 years of age or older (this is a legal requirement)? Yes No

Are you a member of the Black Health Alliance? Yes No

Are you interested in volunteering with the Centre? Yes No

If yes, please check off any of the following activities in which you would like to participate:

- Board of Directors
- Office Work
- Other: (please list) _____
- Special Events
- Outreach work

Mission:

TAIBU Community Health Centre provides primary health care and related services for Black populations across the Greater Toronto Area as its priority population and residents of the our local community of Malvern. Recognizing that systemic oppression has fostered conditions of ill-health with Black communities, we strive to deliver these services through intersectional, equity based and culturally affirming practices which promote holistic wellness, health education, and prevention.

Vision:

Achieving and maintaining health through community development, knowledge exchange, empowerment and the elimination of systemic racism and other forms of prejudice and discrimination in healthcare

I agree with the mission statement and purpose of TAIBU Community Health Centre

Signature _____ Date _____

Office use only: **Approved at Board of Directors meeting** Date: _____