



Membership Application Form

Joining LAMP Community Health Centre contributes to our goal of creating a strong, healthy and resilient community.

By being a member at LAMP you will:

- ☒ Receive notice of our annual reports and updates on our initiatives and programs.
- ☒ Have right to vote at our Annual General Meeting (general members only), and have a say in the direction and governance of our organization.
- ☒ Support our efforts and make a meaningful contribution to the community

To become a member at LAMP you must:

- ☒ Not be an employee at LAMP CHC
- ☒ Be at least 18 years of age

Membership Type:

General Membership – I live or work in LAMP CHC'S service area(s) (*Required for voting rights)

Associate Membership – I do not live or work in LAMP CHC's service area(s)

Renewal required at end of term:

1-Year Term

3-Year Term

First Name:

Last Name:

Unit:

Street Address:

City:

Postal Code:

Phone:

Alt Phone:

Email Address:

An email address must be provided for renewal notices, meeting materials and other essential member updates.



**Donations support our ability to serve the community.
Please use an option below to donate today!**



Select
this link



Take a picture
to be redirected



Submit in-person or
paper application

Please ask a staff
member and we will
happily assist you.

Our Vision

Healthy, thriving communities for all.

Our Mission

Delivering equitable, trusted care that enhances client and community well-being.

Respect

Your contribution and knowledge are valued.

Advocacy

Bringing our voices together for change.

Our Values

Compassion

We see you, we hear you, we are here for you.

Collaboration

Working with you to advance community health.

Responsiveness

Supporting your changing needs.

Equity

Serving you in ways that put you first.

As a member, I support LAMP Community Health Centre's Vision, Mission and Values.

Signature:

Date:

dd/mm/yyyy

LAMP Community Health Centre Main Site: 185 Fifth Street, Etobicoke, ON M8V 2Z5

Phone: (416) 252-6471

Administrative Only

Member#

Assigned:

Date Entered:

Initials: