

Become a Voting Member of the WECHC

- Have a voice in Centre discussions
- Receive a copy of our annual report
- Vote at the Annual General Meeting

Stop by to pick up a Membership Application or call Andy Kroeker at 5197681715 ext. 2206 for more information

Membership Application

Date: _____
Name: _____
Address: _____
Telephone Number: _____
E-mail Address: _____
<input type="checkbox"/> \$ 1 Individual (18 years of age & over)
<input type="checkbox"/> \$ 25 Organization
<input type="checkbox"/> \$ 50 Individual Lifetime

Drop off or mail to:
West Elgin Community Health Centre
153 Main Street
West Lorne, ON N0L 2P0