



sherbourne HEALTH

MEMBERSHIP POLICY AND APPLICATION FORM

Sherbourne Health's Membership Policy has been adopted by the Board of Directors in accordance with the By-Laws of Sherbourne Health. The complete policy may be accessed by contacting the Senior Executive Assistant to the Board of Directors. A summary of the policy and the procedure for membership application is noted below.

Summary of Membership Policy

1. Sherbourne Health has one class or group of members.
2. Membership in Sherbourne Health requires agreement with the vision, mission and values of the Organization.
3. As members have the right to elect Directors to the Board, members must be sufficiently engaged in the life of the Organization to assess Director requirements on the Board and to that end, to be eligible for membership, individuals must have been either:
 - a. registered client of Sherbourne Health for a period of one year or more; or,
 - b. volunteer at Sherbourne Health for a period of one year or more.
4. The Board may establish other mechanisms for engaging members of the community in the Organization from time to time and deem that participation in such mechanisms is sufficient to fulfill requirements for membership.
5. In order to vote in the Annual General Meeting or a special meeting of the members, a person must be a member at the close of business on the day on which notice of the Annual General Meeting, or the special meeting, is given.
6. Membership will be for a one-year period.
7. There is no fee for membership.
8. Staff members and physicians of Sherbourne Health are not eligible for membership.

Application for Membership

Individuals may apply to become members of Sherbourne Health by completing an application form on the back of this page. Applications will be reviewed and approved by the Board, or its delegate, on the basis of the requirements for membership noted above.

Membership may be renewed on an annual basis upon the member completing the membership application form, provided that the member continues to be eligible for and meets the criteria for membership.



sherbourne **HEALTH**

Our Vision: Healthy People. Healthy Communities.

Our Mission: A dynamic provider of integrated health services, community programs and capacity-building initiatives that enable people and diverse communities to achieve wellness.

Our Values: BOLD. KIND. REAL. OPEN. WE CARE.

Full Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____ Email Address: _____

I apply for membership under the following category:

- An individual who has been registered as a client of Sherbourne Health for a period of one year or more.
- An individual who has volunteered with Sherbourne Health for a period of one year or more.

Please specify the year(s):

Commitment to the Vision, Mission, and Values of Sherbourne Health:

This is to confirm that I have read and agree with the Vision, Mission, and Values of Sherbourne Health.

Signature: _____ Date: _____

Your form will be reviewed for approval.
Please return completed form by mail to:
Attention: CEO's Office Sherbourne Health
333 Sherbourne Street Toronto, ON M5A 2S5
or by email to mtorres@sherbourne.on.ca