



## Misiway Milopemahtesewin

130 Wilson Avenue,  
Timmins, Ontario P4N 2S9

Tel: (705) 264-2200

Fax: (705) 264-2243

[info@misiway.ca](mailto:info@misiway.ca)

[www.misiway.ca](http://www.misiway.ca)

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## Become a Member of Our Corporation

Community residents play an important role in Indigenous Primary Health Care Organizations. Membership provides people who live and/or work in the catchment area of Misiway Milopemahtesewin Community Health Centre with opportunities for direct involvement and to become a candidate for election to the Board of Directors. Members are also able to vote on issues presented at the Annual General Meeting (AGM) and to serve on Misiway committees.

Membership shall be for **three** (3) years, with the option to apply for renewal. Every member shall be informed of their admission as a member. New membership applications and membership renewal applications received less than 30 days prior to any meeting of the members will not be reviewed by the board until after the meeting. Each member shall be entitled to receive notice of, attend and vote at all meetings of the Corporation.

### Eligibility Criteria

The membership of the Corporation shall be open to any individual:

- Who is of First Nation, Inuit or Métis descent, either status or non-status;
- Supports the Corporation's purposes and its Vision, Mission and Values;
- Lives, works or attends school in the City of Timmins or in communities served;
- Is not a current employee;
- Who is eighteen (18) years of age or over; and
- Who has applied for and has been accepted into membership in the corporation by resolution of the Board or in such other manner as may be determined by the Board.



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## Membership Application Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you identify as:

First Nations \_\_\_\_\_

Métis \_\_\_\_\_

Inuit \_\_\_\_\_

Non-Status \_\_\_\_\_

Non-Indigenous \_\_\_\_\_

Tell us about your work and/or volunteer experience:

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Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Board Approval Date: \_\_\_\_\_

Board Chair Signature: \_\_\_\_\_