

Membership Form

I would like to obtain/renew my membership to the McCreary Centre Society:

- ☐ **New Membership**
☐ **Renew Membership**

- ☐ **Individual**
☐ **Designated Organizational Representative**

Name	
Residential Address	
City	Province
Phone	Postal Code
Email	
Name of Organization & Business Address (For organization Representatives only)	

I hereby agree to comply with the constitution and bylaws of McCreary Centre Society, and support the Society to:

- 1) Stimulate and ensure the continuance of an interest in the study of adolescent and youth health through publications, conferences, and enabling student research
- 2) Conduct adolescent health research and disseminate information based on the findings to the public, health professionals, and policy makers
- 3) To undertake youth health promotion and disease prevention among youth at risk and to accomplish this by means of a range of youth for youth health initiatives

For Organizational Representatives Only:

I, _____, have the authority to act as a delegate for _____.
(Name) (Organization)

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY:

APPROVED: Y / N APPROVED BY: _____ DATE: _____



McCreary
Centre Society