



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

- New Membership**
- Renew Membership**

- Individual**
- Designated Organizational Representative**

<b>Name</b>	
<b>Residential Address</b>	
<b>City</b>	<b>Province</b>
<b>Phone</b>	<b>Postal Code</b>
<b>Email</b>	
<b>Name of Organization &amp; Business Address</b> <i>(For organization Representatives only)</i>	

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