

**Lumby & District Health Services Society
Membership Form**

Name _____ **Phone** _____

Birthdate _____

Fax _____ **E-Mail** _____

Address _____

Representing (Organization/Area) _____

Past Board or Volunteer Experience:

Areas of Interest: (Please Tick)

Event Planning	Telephone Committee	Public Relations
Volunteer Development	Personnel & Policy Committee	Finance Committee
Strategic Planning Committee	Workshop Setup	

To ensure the smooth, professional running of the Society we respectfully ask that Society members attend scheduled meetings and participate on a sub-committee.

- **Regular Society member** meetings are every other month (5 per year) there are no scheduled meetings July, August or December.
- **Board of Directors** meetings are on the fourth Monday of the month. No scheduled meetings July, August or December.

All Society members are welcome to be involved in project committees which interest them.

What skills or experience do you feel you will contribute as a Society member?

What do you hope to gain from your experience with the Lumby & District Health Services Society?

Date _____ **Signature** _____