



APPLICATION FORM

CATEGORY

Non-Profit Organization

Network/Association

Individual

FOR ORGANIZATIONS AND NETWORKS (Organizations that qualify for [full Alliance membership](#) are not eligible for the Community Health Equity Builders program)

Full Name of Organization/Network:

Address:

Contact Person/Executive Lead:

Tel:

Email:

FOR INDIVIDUALS

Name:

Tel:

Email:

Address:

Please indicate if you are

Researcher

Consultant

Senior

Student

Other

Program Criteria

Criteria #1: Support the Alliance's commitment to advancing the best possible health and wellbeing for people and communities facing barriers

I/our organization/network support the Alliance's commitment to advancing the best possible health and wellbeing for people and communities facing barriers.

Criteria #2: Support the vision, mission and values of the Alliance for Healthier Communities

Review the vision, mission and values of the Alliance ([English/French](#))

I/our organization/network support the vision, mission and values of the Alliance for Healthier Communities.

Criteria # 3: Support the Health Equity Charter

Review the Health Equity Charter ([English/French](#))

I/our organization/network support the Health Equity Charter.

Criteria #4: Support the Model of Health and Wellbeing or the Model of Wholistic Health and Wellbeing (for Indigenous organizations)

Review the Model of Health and Wellbeing ([English/French](#))

Review the Model of Wholistic Health and Wellbeing ([English/French](#))

I/our organization/network support the Model of Health and Wellbeing or the Model of Wholistic Health and Wellbeing.

Additional Information

Why do you want to join the Community Health Equity Builders program? (please select all that apply)

Access to resources, tools and information

Reduced costs to attend the conference, trainings and other learning events

Networking opportunities

Being part of and supporting the health equity movement

Other

How did you hear about the Community Health Equity Builders program?

Alliance for Healthier Communities' website

Alliance's social media

Through an Alliance member centre or team

Through an Alliance partner organization

Training/Learning event

Conference

Other

Fee Information

Organizations and Networks	
Annual Budget	Community Health Equity Builders Annual Fee
Under \$100,000	\$ 100.00
\$100,000 - \$300,000	\$ 200.00
\$300,000 - \$500,000	\$ 300.00
\$500,000 - \$1,000,000	\$ 400.00
\$1,000,000 - \$3,000,000	\$ 500.00
\$3,000,000 - \$5,000,000	\$ 750.00
Over \$5,000,000	\$ 1,000.00

Individuals	
Individual Category	Alliance Program Annual Fee
Researchers/Consultants	\$ 100.00
Individuals	\$ 75.00
Seniors	\$ 25.00
Students	\$ 25.00

The annual fee covers a fiscal year, from April 2021 till March 2022. For anyone joining during the first six months (April 1, 2021-September 30, 2021), the full annual fee is due. If you join after September 30, 2021, the fee is 50%.

Payment

Cheque (please make your cheque payable to the Alliance for Healthier Communities)

[Online](#)

Approval

Name (please print)

Title (if applicable)

Date

Signature

By signing here I affirm my commitment to the vision, mission, values and principles of the Alliance for Healthier Communities.

Please submit your completed application to:

Gabriela Panciu, Office Administrator

970 Lawrence Ave W., Suite 500, Toronto ON M6A 3B6

Tel: (416) 236-2539 ext. 221; Fax: (416) 236-0431; Email: gabriela.panciu@allianceON.org



Alliance for Healthier Communities
Alliance pour des communautés en santé