

THE BRIDGES SOCIETY

PO Box 6112
Hinton AB T7V 1X5
Ph. 780-865-4464 email: info@bridgeshinton.org
www.bridgeshinton.org



BRIDGES SOCIETY MEMBERSHIP - \$10.00

Membership is open to all individuals or organizations who share our commitment to the goals of supporting those with mental health needs, and their family members, by promoting and advocating for support services and providing social outreach. Making meaningful connections in our community helps promote mental wellness, as well as helping those who live with mental illness lead happier, healthier lives. Our vision is that BRIDGES upholds excellence in mental wellness for people in the Hinton community. Your membership benefits include participation and voting at the BRIDGES Society Annual General Meeting, normally held in late May.

Our program activities are free to all who wish to participate. Membership is not required. (Some partner-agency programming may sometimes come with a drop-in fee, which is usually waived for BRIDGES members. Some programming requires pre-registration.) Membership renewals are due annually on March 31.

Confidentiality Agreement

By participating with BRIDGES members and others who use our services, you may acquire information that while voluntarily shared, is privileged information and should therefore be treated as such.

Respecting the privacy of our clients, donors, members, staff, and volunteers and of the BRIDGES Society itself is a basic value. Personal and financial information is confidential and should not be disclosed or discussed with anyone without permission or appropriate authorization. This information must be kept confidential both during and after participation in our programs, employment, or volunteer service.

The underlying principle for maintaining confidentiality is that all personal and health information related to an identified individual must be treated as confidential. This follows provincial legislation (PIPA).

Please complete the form on the back and return it with payment to BRIDGES. We accept cash-transfer, PayPal, debit and credit card. Donations are always welcome, and we provide charitable receipts for tax purposes for donations of \$20 or more upon request.

YES! I want to renew or become a member of The BRIDGES Society.

Name: _____ Organization: *(if applicable)* _____

Address: _____

Phone: _____ Email: _____

Please subscribe me to the monthly calendar & news email: YES NO

Date: _____ Amount Paid: _____ Pay Method _____

I agree to treat as confidential all information about BRIDGES' members that I learn during my participation in BRIDGES programs, and I understand that it would be a violation of policy to disclose such information to anyone without appropriate authorization.

Signature: _____ Date _____

Thank you for joining our society. You are enriching your community by participating in it, reducing the stigma of mental illness and by helping promote mental wellness through connection with others in our community.