

MEMBERSHIP FORM

I recognize that becoming a member and having a share in the Family Health Coop does not mean that I will automatically be assigned to a family doctor. As a member, I help maintain front-line health services in my community.

Mandatory Shares

- To become a User Member, all physical persons must subscribe to **one (1) ten-dollar (\$10) share**.
- The share is to be paid only once. This gives you a voting privilege. We consider it as a donation to help us invest in medical equipment. A sincere thank you for your contribution.
- Access to the services of the COOP Ici Santé requires the purchase of a membership.

Payment for services

- The member will have access to all services of the COOP Ici Santé and a fee per use has been established to cover our direct costs. Please see the attachment related to these fees.
- If a member requires frequent use of a service an annual fee of \$125+tx is available.
- Children under the age of 18 are eligible for services under the membership of a parent.

Payment Method

Payment for services is accepted by cash, cheque or internet transfer.

Personal Information

Last name, First name:

Date of Birth:

Medicare Card No.:

Exp. date:

Address:

Telephone:

Email:

Information on Minor Children

Last name, First name	Date of Birth	Medicare Card Number	Exp. date

Signature:

Date:

Administration

Paid by: _____ cheque _____ cash _____ interact

Cheque or confirmation number: _____

Date: _____ Received by: _____