



Health Care Co-operatives Federation of Canada

Membership Application Form

On behalf of the Co-op listed below, I hereby apply to be accepted as a member in the Health Care Co-operatives Federation of Canada (HCCFC) and, having read the bylaws and policies, agree they will comply with them.

Name of the Co-op			
Mailing Address			
Phone		Email	
Fax		Website	
Representative			
Role in Co-op			
Year Co-op Established			
Number of Members		Number Served	
CEO/Chair Name		Signature	
Witness Name		Signature	
Application Date			

Our co-operative works primarily in the area of:

- Employment opportunities and support for vulnerable population groups
- Integrative primary health centres offering government funded and extended services
- Facilities and services for wellness and health programs and practitioners
- Access for vulnerable groups to health and wellness services
- Home care Wellness education programs
- Other: _____

Please provide a 20 word profile for the HCCFC flyer: _____

<input type="checkbox"/>	We will forward a descriptive paragraph or two including contact information and one or two photos for the HCCFC website.
<input type="checkbox"/>	Enclosed is \$ 100.00 membership fee. I understand that members pay a pro-rated annual fee, starting in their second year of membership, to assist with the operating costs of the HCCFC.

How did you hear about the HCCFC? _____

Mail completed application with payment to: Lorna Knudson, Regina Community Clinic,
1106 Winnipeg St, Regina, SK S4R 1J6
Ph: 306-543-7880

lknudson@reginacommunityclinic.ca