



Personal Information
(complete one form per adult)

Note: Full-time student 17-21 yrs old, please use appropriate form

Last name (at birth)		First Name	
Address		Municipality/City	Province
Postal Code		Date of birth: Year	Month Day
Phone: Home	Work	Cellular	
Email (in block letters)		RAMQ #	Exp
Emergency (contact name and phone number)			
Family Doctor _____		Pharmacy (name and address)	
Phone _____			
<ul style="list-style-type: none"> • Children from 0-16 yrs old living at the same address as the parent member do not have to subscribe for the shares; • Children 0-16 yrs old: no annual fee to pay (of course if the parent is a member). <p><i>Please note that the names mentioned below must be registered only on ONE form.</i></p>			
Child's First and Last Name		Date of birth	RAMQ # & Exp
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Enrolment in the COOP

- I hereby subscribe for 5 shares at \$10 each, for a total of \$50, a one-time investment, to become a member of the Massawippi Valley Health Coop.
- I accept to pay the annual membership fees (taxable and non-refundable).
- I acknowledge having read all the information on the reverse side of this form and have signed where indicated.

Signature and Method of payment

The membership form must be accompanied by the payment

<p>Share</p> <p>Purchase</p> <p>Investment:</p> <p>\$50</p>	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> VISA <input type="checkbox"/> Mastercard _____ Exp. _____ 3-digit on reverse side: _____ Print name of card holder: _____
	<input type="checkbox"/> CASH: please remit the amount of \$50 to the staff of the Health Centre during the opening hours - do not mail cash.	<input type="checkbox"/> CHEQUE: please make cheque payable to Massawippi Valley Health Centre. (Please send it by mail with the form to the Health Centre <u>or</u> you may come and meet us at the Health Centre during the opening hours).
<p>Signed in _____, _____ (municipality) (date)</p> <p>X Member's signature _____</p>		

ADDITIONAL INFORMATION

Please read carefully the information below and sign at the bottom

ADULT

1. **ADVANTAGES** of CSVm membership are:
- Access to medical and professional services and nursing care such as blood tests, blood pressure checks, vaccinations, changing bandages, etc.
 - I can sign up and participate in disease prevention and health promotion programs organized by the cooperative.
 - I can take part each year in the annual General Assembly(AGA) meeting for the purpose of collaborating with my leaders and fellow members. I will learn about the operation of the CSVm, ask questions and participate in the decision-making process.
 - I can take pride in knowing that I am contributing directly to the social and economic growth of my environment while showing support for my community.

2. The Coop undertakes not to disclose any personal information about its members.

3. The share and the annual membership fees are used to help finance the operations of the health centre, services provided by nurses and prevention and health promotion. Please note that the shares and fees do not constitute a prerequisite or priority to access a practicing physician at the coop health centre.

4. I would like to contribute to the life of the community and become involved in this social development project:

Yes No My skills are:

5. Fees may be changed at the direction of the Board of Directors

FEES	ANNUAL	MONTHLY
ADULT MEMBER	\$216 / year: \$187.87 plus GST (5%) plus QST (9.975%)	\$18 / month: \$15.66 plus GST (5%) plus QST (9.975%)

METHOD OF PAYMENT	INSTRUCTIONS AND/OR DOCUMENTS TO ATTACH with the membership form
ANNUAL CREDIT CARD <input type="checkbox"/> \$216 <input type="checkbox"/> Use the same card as for the social shares	<input type="checkbox"/> VISA <input type="checkbox"/> Mastercard _____ Exp. _____ 3-digit on revers side: _____ Print name of card holder: _____
PRE-AUTHORIZED ANNUAL DEBIT <input type="checkbox"/> \$216	<ul style="list-style-type: none"> • Bank form (PAD) • Void cheque
PRE-AUTHORIZED MONTHLY DEBIT <input type="checkbox"/> \$18	<ul style="list-style-type: none"> • Bank form (PAD) • Void cheque
ANNUAL CHEQUE OR CASH <input type="checkbox"/> \$216	<ul style="list-style-type: none"> • Make cheque payable to: CSVm • Send these documents by mail or remit them to the staff of the CSVm during the opening hours (Do not mail cash).

I acknowledge that I have read and understood all the above terms.

X _____
Member's signature (date)

RÉSERVÉ AU PERSONNEL Numéro du membre : _____

- Demande d'autorisation légale de signature si le formulaire est rempli pour un autre membre.
- Reçu émis

Signature du receveur de la demande d'adhésion Date 2/2