



Personal Information

(complete one form per full-time student)

FULL-TIME STUDENT between 17-21 yrs old

living at the same address as the parent member

Last name (at birth)				First Name			
Date of birth	Year	Month	Day	RAMQ		Exp	
Address			Municipality/City			Province	Postal Code
Phone	Home		Work		Cellular		
Email (in block letters)							
Emergency (contact name and phone number)							
Family Doctor (name and phone number)				Pharmacy (name and address)			
Parent member name _____							

Eligibility

Full-time student (attach proof to form) between 17 and 21 years of age with the same permanent address as the parent-member does not have to subscribe to the shares. The annual fee is 50% of the adult rate.

Advantage

- To be member at the CSVM:
 - 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 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.
- The Coop undertakes not to disclose any personal information about its members.
- 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.
- I would like to contribute to the life of the community and become involved in this social development:

Yes No

My skill are:

Enrolment in the 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.

Signed in _____, _____ (municipality) (date)
X Student's signature _____

Payment method

FEEs	MONTHLY	ANNUAL
Full time student (17-21) (same address as parent-member)	\$9.75 / month = \$8.48 plus GTS (5%) plus QST (9.975%)	\$117 / annual = \$101.76 plus GTS (5%) plus QST (9.975%)

METHOD OF PAYMENT	INSTRUCTIONS AND/OR DOCUMENTS TO ATTACH with the membership form
ANNUAL CREDIT CARD <input type="checkbox"/> \$117	<input type="checkbox"/> VISA <input type="checkbox"/> Mastercard _____ Exp. _____ 3 digit on reverse side: _____ Print name of card holder: _____
PRE-AUTHORIZED ANNUAL DEBIT <input type="checkbox"/> \$117	<ul style="list-style-type: none"> • Bank form (PAD) • Void cheque
PRE-AUTHORIZED MONTHLY DEBIT <input type="checkbox"/> \$9.75	<ul style="list-style-type: none"> • Bank form (PAD) • Void cheque
ANNUAL CHEQUE OR CASH <input type="checkbox"/> \$117	<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 _____

Student's signature

Date

RÉSERVÉ AU PERSONNEL <input type="checkbox"/> Demande d'autorisation légale de signature si le formulaire est rempli pour un autre membre <input type="checkbox"/> Reçu émis	Numéro du membre : _____
Signature du receveur de la demande d'adhésion	Date