

Our Mission:

“The Canadian Independent Medical Clinics Association (CIMCA) is a professional non-profit organization that represents independent medical clinics and their supporters across the nation, and promotes improved access to high quality and timely health care for all Canadians.”

Associate Membership Application Form

- **Associate Member:** Patients, concerned citizens and other supporters
- **Suggested Membership Fee:** \$25

Member Information*:

I support the Mission of CIMCA and I want to become a member.

Name: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Email: _____

Sign-up Date: _____

Signature: _____

Payment Information:

Membership Fee: (\$) _____

Donation (Optional): (\$) _____

Total Enclosed: (\$) _____

Checks: **Please make cheques payable to CIMCA**

Credit Cards: **Visa AMEX MasterCard**

Credit Card #: _____

Expiry Date: _____

Cardholder's Name: _____

Cardholder's Signature: _____

** All information provided to CIMCA will be for the sole purpose of CIMCA, and will not be shared or sold to any other organization.*

Please return completed application with payment to:

**Canadian Independent Medical Clinics Association
 245 - 280 Nelson Street
 Vancouver, BC, V6B 2E2**

Or, if using a credit card, fax to: (604) 648-9379

For more information call: (604) 688-6364

Thank you for joining CIMCA!