

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.”

Association/Society Membership Application Form

- **Member:** Associations and societies that share or support our mission
- **Annual Membership Fee:** \$500

Association/Society Information:

Association/Society Name: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Website: _____

Please list three contacts in your organization:

Name/Title: _____

Phone: _____

Email: _____

Name/Title: _____

Phone: _____

Email: _____

Name/Title: _____

Phone: _____

Email: _____

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: _____

Sign-up Date: _____

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