

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.”

Corporate Membership Application Form

- **Corporate Member:** Organizations providing goods and/or services to providers of medical services or medical support services
- **Annual Membership Fee:** \$1,000

Company and Contact Information:

Company Name: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Website: _____

Please list three contacts in your company:

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