



CIMCA | ACMIC

Canadian Independent Medical Clinics Association
Association des Cliniques Médicales Indépendantes Canadiennes

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.”

Physician/Professional Membership Application Form

- **Physician/Professional Member:** health care professionals, legal and financial experts, executives and other professionals who support our mission
- **Annual Membership Fee:** \$250

Member Information*:

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

Name: _____

Occupation: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Email: _____

Sign-up Date: _____

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!