

MEMBERSHIP FORM

AS A MEMBER OF THE BCHEALTH COALITION, I/WE:

- Support the principles of the Canada Health Act
- Oppose privatization of health care
- Support the principles of the Canadian Health Coalition “Call to Care” statement

ANNUAL FEES (check appropriate boxes):

- Community groups, locals or “parts of larger groups”
- under 100 members = \$25
 - 101 – 1,000 = \$50
 - 1,001 and over = \$75
- Provincial or Regional organizations
- under 1,000 members = \$50
 - 1,001 – 10,000 members = \$100
 - 10,001 and over = \$500
- Coalitions and networks - fees will be based on number of organizational members
- Number of organizational members = _____
*Contact the BC Health Coalition office for annual fee amount or
coordinator@bchealthcoalition.ca*
- Individuals
- \$10 (will be on the mailing list and receive information regularly)
The inability to pay a membership fee will never exclude anyone from coalition membership

ORGANIZATION/GROUP/INDIVIDUAL INFORMATION:

Name: _____

Contact Name: _____

Address: _____
Street City Postal Code

Phone: _____ Fax _____

Email: _____ Website: _____

Amount Enclosed _____ *(make cheque out to BC Health Coalition)*

Signature _____ Position: _____

Date _____