



67, rue du Couvent, Gatineau, Qc, J9H 6A2

Telephone : **684-1234 poste 611**

E-mail address : **info@coopsa.org**

Web site : **http://coopsa.org**

## Membership Application

Your clinic file number: \_\_\_\_\_

### Identification of member

Last Name : \_\_\_\_\_ M \_\_\_ F \_\_\_

First Name : \_\_\_\_\_

Address : \_\_\_\_\_ apt. \_\_\_\_\_

City : \_\_\_\_\_ Postal Code : \_\_\_\_\_

Tel. (home) : \_\_\_\_\_

Tel. (office) : \_\_\_\_\_

Language : English \_\_\_ French \_\_\_

*A child under 18 and living with you enjoys the same privileges as you.*

Last and first names	Birthday MM/DD/YYYY	Clinic file number

\_\_\_\_\_ @ \_\_\_\_\_  
Your Email Address - Visit our web site: <http://coopsa.org>

I wish to subscribe five regular shares for a total sum of \$50 thus becoming a member of the Aylmer health coop. Included is my payment.

\_\_\_\_\_ signature \_\_\_\_\_ date

**Note — Each adult in a family must complete a form and subscribe five regular shares. Cash or Interac only.**

**I have no family doctor. Please put my name on the waiting list.**

### Testamentary Provision:

I bequeath my shares in the Aylmer Health Coop to the *Fondation des Soins de Santé d'Aylmer* and, upon my death, direct the Foundation to turn over the proceeds of their disposition to the Aylmer Health Coop.

\_\_\_\_\_ signature \_\_\_\_\_ date

Important! Personal cheques are not accept.

Montly payments are allowed.  
Your membership application will be proceed after completed payment.

Cash or Interac  
At the medical clinic, 67, rue du Couvent (Aylmer sector).

### *Confidentiality of personal Information*

The Aylmer Health Coop endeavours to keep confidential, without time limit, your personal information.