Member no. :	Accepted on :
	Signature :

## **MEMBERSHIP APPLICATION** Coopérative Santé de la Basse-Lièvre http://coopsantebasselievre.ca/

			Included is my payment to the Coop for the sum of		
Membership category		I declare	Number of shares	Value of a share	Total
□ User		to have interest in the cooperative (Coop) as a user of its services.	5	\$10	\$50
As a member, I macknowledge that accept that I will f I resign from the	nake the commitment to follow at becoming a member of the Copay the annual fee as prescrib	writing the reimbursement of my shares, I w	a family docto		the Coo
Signed in Gatine	au this(Date)		Signature		
Note : Each adult	of the same family must submit	a separate form and acquire qualifying shares	).		
		ntification of member (please use block le			
First name :					
Last name :					
Date of Birth:					
Address:					
Telephone :					
Email :					
		For the user member only nder 25 being a full time student with supportir user member enjoys the same advantages at i			
	First name and last name	of the child(ren)	Date of E	Birth	
1					

Depending on the date you file your application for membership, the annual contribution fee, if requested, may change.

To determine the exact amount, please refer to the following table:

## Weighting of the annual fee based on the month of enrollment

Registration period	Shares	Annual Fee WAIVED FOR 2023	Total
2022 - 2023	\$50		50

Please make your cheque payable to: Coop Santé de la Basse-Lièvre Return the form with your cheque to Coop Santé de la Basse-Lièvre 620 Ave. de Buckingham, Gatineau QC J8L 2H5

Official Partner



Revised January, 2023

Coopérer pour créer l'avenir