



CANADIAN COLLEGE OF HEALTH LEADERS COLLÈGE CANADIEN DES LEADERS EN SANTÉ

Learning, Leading, Inspiring Apprendre, mener, inspirer



2011 Associate Member Application

Please print or type

Name to appear on College membership certificate

Ms. Mrs. Mr. Dr.

Date of birth _____
(month/day/year)

Last name First name Middle initial

Position/Title

Organization

Street address

City Province Postal code Country

Telephone Extension Fax

E-mail

Home mailing address Home telephone

City Province Postal code Country

Alternate Contact Phone Ext. Email

Preferred address for College correspondence:

Business Home Alternate

Language Spoken/Written:

French English Bilingual

Language of preference for College correspondence:

French English

Education

Degree/Diploma/Certificate

Year awarded

Institution

_____	_____	_____
_____	_____	_____
_____	_____	_____

Eligibility requirements

This membership is open only to those who (1) are not active in a health leadership position, (2) no longer work in the health field, (3) teach in areas unrelated to health leadership, (4) do not meet our Student membership requirements, or (5) are living abroad.



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The single best description of my organization is: (please check only one)

- Hospital
- Long-term/Chronic Care
- Multi-level Care Facility
- Community Health/Ambulatory Care
- Regional/District Health Authority
- Health Agency/Association
- Health Charity
- Military
- Government
- Consulting
- Academic
- Corporate/Industry
- Aboriginal or Multicultural Health Agency

Does your organization pay your College dues?

- Yes No

How did you learn about the College?

- Internet
- Mailing
- College Member: _____
- College Chapter
- College Conference
- Professor
- Provincial Conventions : _____
- EXTRA Program
- University: _____
- Colleague
- Other: _____

By completing this application, I certify that the information provided is correct.

Membership information

Payment must be made prior to the processing of your application. If your application is not accepted, a full refund will be issued.

Membership dues are based on a calendar year from January 1 to December 31.

Membership in the College is non-transferable and non-refundable.

CCHL Privacy Policy

The College will only use your membership information as outlined in our Privacy Policy. To view the Policy please visit www.cchl-ccls.ca.

Method of Payment

Payment Enclosed: Jan. \$230; Feb. \$209; Mar. \$190; Apr. \$171; May \$152; Jun. \$133; Jul. \$114; Aug. \$95; Sep. \$76; Oct. \$57; Nov. \$38; Dec. \$19.

- Cheque MasterCard Visa # _____

Cardholder Name

Signature

Expiry Date

Please return application form to:

Canadian College of Health Leaders
292 Somerset Street West
Ottawa, Ontario
K2P 0J6

Telephone: (613) 235-7218
Toll free: 1-800-363-9056
Fax: (613) 235-5451
Email: info@cchl-ccls.ca