



APPLICATION FORM FOR CORPORATE MEMBERSHIP

Name and mailing address of primary corporate representative

Through its chapters, the College provides you and your regional representatives with national and regional exposure. Benefit from attending local events and activities organized across Canada.

Name: _____

Organization: _____

Position: _____

Telephone: _____ Fax No.: _____ E-mail: _____

Language Preference: English French

Designated representatives

List the names of three "designated" representatives. Please note that the basic corporate member's fee of \$1,500 entitles you to designate four representatives. However, there is no limit to the number of corporate representatives that may be designated, except that an annual fee of \$100 must be paid for each "supplemental" representative in excess of four.

#2 Name: _____

Job title: _____

Organization: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax _____ E-mail: _____

Address is duplicate of primary representative

Preference for correspondence: English French

#3 Name: _____

Job title: _____

Organization: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax _____ E-mail: _____

Address is duplicate of primary representative

Preference for correspondence: English French

#4 Name: _____
 Job title: _____
 Organization: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Telephone: _____ Fax: _____ E:mail: _____
 Address is duplicate of primary representative
 Preference for correspondence: English French

Corporate Members Information

- a. Fiscal Year-end: _____
- b. General Description of the Corporation.

- c. Categories of Products/Services offered by your Corporation:

- d. Please enclose copies of your corporate logo (PMT) and a copy of your most recent annual report.

| | |
|---|----------|
| Payable: | |
| Corporate Member's Fee: | \$ _____ |
| Supplemental Fees: | \$ _____ |
| * Amount Payable: | \$ _____ |
| <i>* Annual membership dues are renewable at the beginning of each calendar year.</i> | |

Statement of Commitment by Applicant:

On behalf of my Corporation, I submit this application for Corporate Membership in the Canadian College of Health Service Executives and agree that the Corporation and its representatives will abide by the C.C.H.S.E. Bylaws and Regulations as are prescribed and are applicable to Corporate Members.

Name (in print): _____ Date: _____
 Title: _____

**Please enclose your payment with your application and send to
 President**

292 Somerset Street West, Ottawa, ON K2P 0J6
 Tel: (613) 235-7218 ext. 35 Toll free: 1-800-363-9056 Fax: (613) 235-5451