



2006 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

Admission to the College is available to individuals who have an interest in the College, and do not meet the 'Active' membership requirements.

- Not currently working in a management leadership position;
- No longer in the health field;
- Faculty;
- University students who do not meet the CCHSE Student Membership requirements;
- Individuals who are not residing in Canada;



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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
Name: _____
- College Chapter
- College Conference
- Professor
- Provincial Conventions (OHA, etc.)
- 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.

CCHSE Privacy Policy

I have read the College's Privacy Policy (www.cchse.org) and hereby agree to allow the College to disclose my membership and designation status to third parties. I understand that all personal information is confidential and will not be disclosed.

I hereby agree

Method of Payment

Payment Enclosed: CDN \$220.00

Cheque MasterCard Visa # _____

Cardholder Name	Signature	Expiry Date
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Please send invoice to: My organization

Please return application form to:

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

Telephone: (613) 235-7218
Toll free: 1-800-363-9056
Fax: (613) 235-5451
Email: cchse@cchse.org