



476 rue Frontière, Hemmingford, Qc J0L1H0
 (450) 247-COOP
 (450) 247-2667
 www.coopsantehemmingford.ca

SECTION 1 - Personal information

Name: _____
 First name: _____
 Address: _____

 Town: _____
 Postal Code: _____
 Phone (home): _____
 Phone (work): _____
 Date of birth: _____
 Email: _____

Children
 Name: _____ Age: _____
 First name: _____ Date of birth: _____
 Name: _____ Age: _____
 First name: _____ Date of birth: _____
 Name: _____ Age: _____
 First name: _____ Date of birth: _____
 Name: _____ Age: _____
 First name: _____ Date of birth: _____

SECTION 2 - Social shares and annual membership fee

- 20\$ social share +
 - Child from 0 to 13 yrs old free if one parent is a member
 - Child from 14 to 17 yrs old 57.50\$ /annually (taxes included)
 - Adult 18 yrs old and over 115\$ /annually (taxes included)

Please note that the social share is refundable if a membre wants to end his membership.
 I recognize that the annual membership fee and social share of the Cooperative de Santé does not mean that I will have a family doctor. As a member , I contribute to maintain proximity of frontline health services in my community.

SECTION 3 - Paiement method and signature

Paiement method:

Cheque Cash Interac The paiement must accompany the registration form to be valid

X	20\$ Social Share	\$
X	115\$ Adult membership (18 yrs and +)	\$
X	57.50\$ Child membership (14-17 yrs)	\$
Total to pay:		\$

TPS : 80705 8631 RTOOO1 TVQ : 1221248291

Signature: _____ On: _____ (date)

Testamentary clause:
 Upon my death , I leave my shares to the Cooperative

Signature: _____