

AFFILIATION FORM - USERS COMMITTEE 2020

USERS COMMITTEE		
Name of the Committee:		
Address :	Office :	Postal Code :
City :	Region :	
Phone number :	Fax :	
Email :	Website :	
PRESIDENT OF USERS COMMITTEE	RESSOURCE PERSON : <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name :	Name :	
Cellular :	Cellular :	
Email :	Email :	
ANNUAL MEMBERSHIP FEES		
Is your users committee WITH a residents committee <input type="checkbox"/> or WITHOUT a residents committee <input type="checkbox"/>		
<input type="checkbox"/> 300 \$ for users committee without a residents committee <input type="checkbox"/> 350 \$ for users committee with a residents committee <input type="checkbox"/> 400 \$ for users committee with two residents committees <input type="checkbox"/> 450 \$ for users committee with three residents committees <input type="checkbox"/> 500 \$ for users committee with four residents committees or more <input type="checkbox"/> 500 \$ for an unmerged users committee		
For Residents Committees whose membership will not be supported by the Users Committee:		
<input type="checkbox"/> Residents Committee with an operational budget above 10 000 \$: 300 \$ <input type="checkbox"/> Residents Committee with an operational budget between 4 500 \$ and 9 999 \$: 250 \$ <input type="checkbox"/> Residents Committee with an operational budget of 4 450 \$ or less: 150 \$		
<p><u>IMPORTANT</u> : An affiliated committee is any committee that has paid its annual membership fees.</p> <p>Membership fees are payable by check in the name of:</p> <p>Conseil pour la protection des malades</p> <p>3565, rue Berri, bureau # 230, Montréal (Québec) H2L 4G3</p>		
SIGNATURE :		DATE :

Residents committee :		
Address :		Office :
City :	Province :	C-P :
Phone number :	Other number :	
Email of the committee :	Fax :	
President :	President's email :	

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