

# INFORMATION

## REGARDING YOUR MEMBERSHIP

To become a member of the Coop de Solidarité Santé La Prairie, you must buy **membership shares** and pay a **membership fee**.



### Membership shares

- You must buy for a family (that is, one or more persons living at the same geographical address or with the same address used for tax purposes) 10 membership shares of \$10, non-taxable, that is \$100 of shares.
- This \$100 is payable once only in your life and is valid for a family, regardless of the number of people. If a single person, having become a member and having paid the \$100 decides to add a spouse or partner, or a child in the following weeks, months or years, he or she will not have to pay another \$100.
- You are donating it, and we thank you in advance; the Coop will be enabled to disburse and invest in medical material.

### Membership fee

- The membership fee (GST and QST included) for an adult is \$14.65 per month and for a child under 18 years old is \$8.90 per month. Fees are paid for the first two children only. The following child or children are free if at least two adults are paying.
- The 1<sup>st</sup> year the engagement is 12 months but can be stopped at any time thereafter.

### Payment

- **Monthly direct debits:** if you opt for this payment method you must provide your bank account details to authorize each debit at the end of the month. **The \$100 for membership shares are to be paid exclusively by credit card and cannot be withdrawn from the account.**
- **Exceptional annual payment, on site only at the Coop, at office 107, by appointment.**

### Sample contribution for a family of three adults and three children

Member	Monthly payment
Adult A	\$14.65
Adult B	\$14.65
Adult C	\$14.65
Child D	\$8.90
Child E	\$8.90
Child F	Free
<b>Membership shares</b>	<b>\$100.00</b>
<b>Total year 1</b>	<b>\$100.00 + (\$61.75 x 12 months)</b>
<b>Total year 2, 3, etc.</b>	<b>(\$61.75 x 12 months)</b>

# MEMBERSHIP FORM

PAYMENT BY

## MONTHLY DIRECT DEBIT AND PAYMENT OF MEMBERSHIP SHARES BY CREDIT CARD



coop de solidarité  
**SANTÉ LA PRAIRIE**

675 Ch. de St Jean, La Prairie, QC J5R 2L2  
450 444-2002 | [www.santelaprairie.coop](http://www.santelaprairie.coop)

Check 1 of these 8 cities among with you must necessarily reside:  Brossard  Candiac  Delson  La Prairie  
 Sainte-Catherine  Saint-Constant  Saint-Jean-sur-Richelieu (until the Richelieu river)  Saint-Philippe

Name and surname	Personal email address of each member	Each member's phone number (e.g. 450-555-1234)	Seeking family doctor (check)	Health insurance number (e.g. ABCD 1234 1234)	Monthly amount (\$14.65 or \$8.90)
				_____	
				_____	
				_____	
				_____	
				_____	
Your postal code:			Total monthly payments by debit		
MANDATORY - Monthly payments cannot be taken from your credit card.			Membership shares (once only) to be paid by credit card		\$100.00
Banking institution: _____			Credit card #: _____ (credit not debit)		
Account Holder(s): _____			Exp.: ____/____ Name on the card: _____		
Account #: _____ Branch: _____ Institution: _____			Payment authorization of \$100 <input type="checkbox"/> for membership shares.		

- To obtain a sample cancellation form or for more information about your right to cancel a pre-authorized debit agreement, DPA, you can contact your financial institution or visit the Payments Canada website address at [www.paiements.ca](http://www.paiements.ca).
- You have certain rights of appeal if a debit does not comply with this agreement. For example, you have the right to receive a refund of any DPA that is not authorized or is not in accordance with the terms of this DPA agreement. For more information on your rights of appeal, contact your financial institution or visit the Payments Canada website at [www.paiements.ca](http://www.paiements.ca).
- I the undersigned authorize the Coop de Solidarité Santé La Prairie to make pre-authorized debits in my account, the latter being identified by the bank information above, for a fixed amount of: \$\_\_\_\_\_ / month. This monthly levy is tacitly reapportioned. It is possible that an increase will be presented at the annual meeting and that the debit will change accordingly. The first year commitment is for 12 months but may be stopped at any time thereafter.
- I forego receiving a written notice prior to the first debit.

- I agree to donate the membership shares that will be invested in medical equipment and we thank you for that.
- I have read and accept all the information on this membership form and on the INFORMATION page.

How did you get to know the Coop? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return by email: [membre@santelaprairie.coop](mailto:membre@santelaprairie.coop) or by mail or drop off at reception.

The Health Insurance Act stipulates that the payment of membership shares and an annual contribution to a health care co-operative should not in any way be a condition to access the services of a doctor or allow privileged or faster access to see a doctor. Only doctors are entitled to take charge of a patient according to the criteria dictated by their Code of Ethics.

Participating in this collective project allows us to set up a very efficient environment for medical staff who will serve you. As a result, all patients have access to an appointment by phone, without having to travel. The Coop, in contrast to a conventional clinic, offers many non-covered services accessible to members only. These include blood samples, vaccination, nursing care and many others, all by appointment, no waiting and at no charge.