

**ATLANTIC CANADA HEALTH CARE COALITION SOCIETY
5 BIRCHWOOD DRIVE
HALIFAX, NOVA SCOTIA
B3N 1H7**

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Executive Director Fern Tardif

APPLICATION FOR MEMBERSHIP

ORGANIZATION:

NAME _____

ADDRESS _____

PHONE _____ **FAX** _____ **EMAIL** _____

TOTAL MEMBERS: ACTIVE _____ **RETIRED** _____

MISSION STATEMENT

The Atlantic Canada Health Care Coalition Society (ACHCCS) is a voluntary association comprised of Benefit Plans, Pension Plans, Unions & Associations. The ACHCCS was primarily founded to ensure quality service healthcare, and to control and reduce health care costs through deep discount mass purchasing, while allowing each Benefit Plan, Pension Fund, Union & Association to stay autonomous, and to ensure the availability of innovative, quality health care, insurance, financial and affinity delivery systems for participants of the Plans' and their beneficiaries.

What are the Atlantic Canada Health Care Coalition Society Membership Requirements?

1. In order to be an ACHCCS Member, one must be in a Benefit Plan, Pension Plan, Union or Association. Each Member of the Coalition shall have (1) voting Director regardless of the Fund's geographical or membership size. Of paramount importance to the ACHCCS is that each Member maintains total autonomy. In other words, a Member may use any number of products or absolutely no products and may leave the ACHCCS at any time.

2. To adhere to the obligations of Member's Funds of the Atlantic Canada Health Care Coalition Society, in conformance with the Articles of Incorporation, By-laws (and their Amendments), as well as any and all Resolutions passed by the Board of Directors of the Coalition.
3. Pay an initiation fee of Fifty (\$50.00) Dollars.

Only Members of the ACHCCS are entitled, upon membership, to any benefits savings negotiated with Third Party Providers with the ACHCCS if they choose to use their product. All funding for the ACHCCS is derived from commissions or fees paid by Third Party Providers.

If a Member wishes to utilize any savings negotiated by the Atlantic Canada Health Care Coalition Society for a specific benefit, the information necessary to track and account for these savings will be provided to the ACHCCS by all Third Party Providers, in order that they are fully aware of all the savings realized by the Third Party Providers, as a result of their Agreement with the ACHCCS. No personal information is required to be given at any time of Union members or their families to the ACHCCS.

Would you please accept our organization's application for membership in the ACHCCS, along with our cheque representing the one time initiation fee of Fifty (\$50.00) Dollars, made payable to the Atlantic Canada Health Care Coalition Society.

ORGANIZATION'S NAME: _____

SIGNATURE: _____

PRINT NAME: _____ **TITLE:** _____

DATE: _____

Representing your organization on the ACHCCS Board of Director's is:

_____ **Email:** _____

This application was received on the _____ day of _____, 20 _____

Atlantic Canada Health Care Coalition Society approved acceptance of this organization membership on the _____ day of _____, 20 _____