



# Class “A” Membership Confirmation/Application

Class A members are members with full voting rights.

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## **Applicant**

Full Name of Organization:

Mailing Address:

Phone Number:

## **Contact Information**

Executive Lead (Name):

Title of Executive Lead:

Phone Number:

Email:

Chair/President of the Board of Directors (name):

Phone Number:

Email Address:

# Membership Criteria Attestation

In order to become voting members of the Indigenous Primary Health Care Council, applicants need to provide a motion from their Board of Directors attesting that the organization seeking membership meets the following six criteria:

1. Is a not-for-profit corporation or First Nations Band operating in Ontario;
2. Receives funding from the Ontario government and/or the federal government;
3. Is an integrated service delivery organization whose primary mandate is to provide wholistic inter-professional team-based primary health care to Indigenous peoples;
4. Is Indigenous governed\*;
5. Supports the vision, mission, and values of the IPHCC\*\*; *and*
6. Endorses the Model of Wholistic Health and Wellbeing\*\*\*.

## **\*Indigenous governed:**

“Indigenous governed” means a not-for-profit organization whose board of directors is composed of a minimum of 75% of Indigenous voting directors who are not employed by the organization.

## **\*\*Vision, mission, and values of the IPHCC:**

### *VISION*

We are Indigenous health care organizations that operate in cities, First Nations, rural and remote areas across Ontario, improving health care disparities for the people.

Like historic alliances, such as the Council of Fires, we have united, for the sole purpose of working collaboratively, collectively and deliberately so that the health and well-being of the Indigenous People in Ontario, across each generation, is restored and assured.

### *MISSION*

We develop Indigenous solutions to transform Indigenous health outcomes.

The IPHCC purpose is:

1. To promote and develop models of Indigenous primary health care provision that supports the health and wellbeing of Indigenous peoples
2. To develop Indigenous solutions to transfer Indigenous health outcomes by:

- 2.1. gathering and sharing stories and data about the health status and service gaps for Indigenous people;
- 2.2. identifying and alleviating the barriers that Indigenous people and communities face in regaining good health; and
- 2.3. Supporting Indigenous people and communities' access to resources and networks to provide equitable quality health care.

**\*\*\*Model of Wholistic Health and Wellbeing:**

Recognizing Indigenous rights to self-determination in health, this framework focuses on the restoration and rebalancing of the physical, mental, emotional and spiritual wellbeing of Indigenous peoples, families, communities and nations.

**Organization Approval**

This is to confirm that the governing authority of our organization has duly authorized this application.

**Name (please print):**

**Title Board Chair/Designate:**

**Signature:**

**Date:**

**Please submit your completed application and Board of Directors Attestation to:**

IPHCC Membership  
970 Lawrence Ave W., Suite 500, Toronto ON M6A 3B6  
Tel: (416) 236-2539 Fax: (416) 236-0431  
Email: [info@iphcc.ca](mailto:info@iphcc.ca)

*All applications will be considered at the next meeting of the IPHCC Board of Directors.*