



IPHCC Membership Application



Please note that this membership application form is for Indigenous-governed interprofessional primary health care organizations that would like to become members of the Indigenous Primary Health Care Council (IPHCC) only. For information about the fee structure, please see page 4.

If you are already a member of the IPHCC, you do not need to fill out this form, only the **Membership Fee Form**.

General Information

Organization Full Name: _____

Mailing Address: _____

Phone Number: _____

Contact Information

Executive Lead Name: _____

Title: _____

Email: _____

Phone Number: _____

Board Chair/President Name: _____

Title: _____

Email: _____

Phone Number: _____

Membership Criteria and Documentation Required

Criteria #1: Not for profit corporation or First Nations Band operating in Ontario.

Documentation Required:

Incorporation # or Band #: _____

In progress (comment on status):

Criteria #2: Receive funding from Ontario Government and or Federal Government for Indigenous communities.

Documentation Required:

Funding letter

Criteria #3: Be an integrated service delivery organization whose primary mandate is to provide wholistic interprofessional team-based care to Indigenous people.

Documentation Required:

Description of the composition of primary health care team and services offered

Criteria # 4: Be an Indigenous-governed community-centred organization.

An Indigenous-governed organization is overseen by a board of directors:

- Whose voting directors are not employed by the organization;
- Where 75% of voting directors are Indigenous;
- That is accountable to their membership as demonstrated by the organization's by-laws.

Documentation Required:

- By-laws (indicate applicable clauses)
- Mission, vision, strategic plan/annual report or other evidence that illustrates alignment with the above criteria
- Declaration by Board that it meets the criteria

Criteria # 5: Supports the vision, mission and values of the IPHCC.

Review the vision, mission and values of the IPHCC here: <https://iphcc.ca/iphcc-vision-mission/>.

Documentation Required:

- Declaration of support by the Board (i.e., motion)

Criteria # 6: Endorses the Model of Wholistic Health and Wellbeing.

[The Model of Wholistic Health and Wellbeing](#) operates from a Wholistic Indigenous health framework. Recognizing Indigenous rights to self-determination in health, the framework focuses on the restoration and rebalancing of the physical, mental, emotional and spiritual wellbeing of Indigenous people, families, communities and nations.

Documentation Required:

- Declaration of support by the Board (i.e., motion)

Membership Fee Information

Annual Budget	Annual Fee
> 8M	\$17,000
7M to 7.99M	\$14,500
6M to 6.99M	\$12,000
5M to 5.99M	\$ 9,500
< 5M	\$ 7,000

Please complete the attached **Membership Fee Form** and submit with your application.

Membership Fees and Non-Payment

Annual Membership Fees:

1. All organizational members of the Indigenous Primary Health Care Council (IPHCC) are required to pay annual membership fees as determined by the IPHCC.
2. Membership fees are due on March 31st of each year.
3. The IPHCC will send out the membership fee form to all organizational members at least 60 days prior to the due date. The membership fee form will include the amount owed and payment instructions.

Non-Payment of Membership Fees:

4. If an organizational member fails to pay their annual membership fees by the due date, the IPHCC will consider the membership as "in arrears."
5. **First Reminder:** The IPHCC will issue a reminder notice to the member within 30 days from the due date, notifying them of their outstanding fees and providing a grace period of an additional 30 days to remit payment. The reminder will include information on how to settle the outstanding balance.
6. **Second Reminder:** If the organizational member does not remit payment within the grace period specified in the first reminder notice, a second reminder will be issued, providing an additional 30 days to make payment.
7. **Membership Suspension:** If membership fees remain unpaid after the grace period provided in the second reminder, the IPHCC reserves the right to suspend the organizational member's membership benefits and voting privileges until payment is received.
8. **Termination of Membership:** If membership fees remain unpaid after 90 days from the due date, the IPHCC may consider terminating the membership. Termination will result in the removal of all membership privileges, including voting rights, and the member will need to reapply for membership if they wish to regain their status.
9. **Appeal Process:** Organizational members facing financial difficulties or other extenuating circumstances that prevent timely payment of fees may submit a written appeal to the

IPHCC explaining their situation. The IPHCC will review appeals on a case-by-case basis and may consider alternative arrangements for payment.

Reinstatement of Membership:

10. Organizational members whose membership is suspended or terminated due to non-payment of fees may be reinstated upon payment of all outstanding fees and any applicable late fees.

Approval

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

Name of Board Chair/Designate: _____

Title (Board Chair/Designate): _____

Signature: _____

Date: _____

Please submit your completed Membership Application with the required attachments and the Membership Fee Form to finance@iphcc.ca.

For Internal Use Only

This is to confirm that _____ (site name)
is duly authorized as a member of the Indigenous Primary Health Care Council.

Signed and authorized by:

Caroline Lidstone-Jones, CEO, IPHCC

Date

Approved by the IPHCC Board of Directors on: _____.