IPHCC-Alliance Joint Membership Application Form

This Joint Membership Application Form is for Indigenous-led organizations delivering primary care (e.g. Indigenous Primary Health Care Organizations (IPHCOs), First Nations band services, etc.) that would like to become a member of <u>both</u> the Indigenous Primary Health Care Council (IPHCC) and the Alliance for Healthier Communities (the Alliance). Through this joint membership program, you only pay one membership fee to the IPHCC. Information about the fee structure is on page 4.

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

For membership with the IPHCC only, please contact Sadiyah Jamal, Administration Manager, at sjamal@iphcc.ca.

For membership with the Alliance only, please contact Gabriela Panciu, Office Administrator, at gabriela.panciu@allianceon.org.

General Information

Organization Full Name: _____

Mailing Address: _____

Phone Number: _____

Contact Information

<u>Executive Leader</u>

Name: _____

Title: _____

Email: _____

Phone Number: _____

<u>Governing Authority Representative</u>

Board Chair or President, Chief or Delegated Councillor, Band Administrator, Authorized Designate, or equivalent

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 #: _____

If in progress, please comment on status:

_____

_____

Criteria #2: Receive funding from Ontario Government and/or Federal Government for primary health care delivery for Indigenous communities.

Documentation Required:

☐ Funding letter

If in progress, please comment on status:

_____

_____

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 an organization that:

- Is governed by an Indigenous governing authority appropriate to its legal and organizational structure (e.g. Board of Directors, Chief and Council, a First Nations governing body, a governing council, health authority, or another recognized Indigenous governance structure).
- Ensures that voting members of the governing authority are not employed by the organization, where applicable.
- Maintains Indigenous leadership and decision-making authority appropriate to its governance model. For organizations governed by a Board of Directors, at least 75% of voting directors are Indigenous.
- Is accountable to its membership, community, Nation, or governing authority through the appropriate governance documentation (e.g. by-laws, governance policies, Band Council Resolution, governance code, community protocols, terms of reference, or other recognized governance documentation).

A community centered organization is one:

- That clearly articulates a mechanism for incorporating the voice of the community in decision-making;
- That is publicly committed to meeting the unique and diverse needs of the communities it serves and has formal and information mechanisms to involve clients and community members in the planning and development of programs, service and community initiatives; and
- Has community partnership, collaboration or linkages with community services, groups or entities relevant to its objectives.

<u>Documentation Required:</u>

☐ By-laws, governance policies, governance code, Band Council Resolution, governance framework, community protocols, terms of reference, or other recognized governance documentation

☐ Mission, vision, strategic plan/annual report or other evidence that demonstrates that the organization meets the definition of an Indigenous-governed organization

☐ Declaration or resolution from the organization‘s governing authority confirming that the organization meets the definition of an Indigenous-governed organization

☐ Description of the Board composition and how the organization meets the definition of a community-centred organization

If in progress, please comment on status:

_____

_____

Criteria # 5: Supports the vision, mission and values of the IPHCC and the Alliance.
Review the vision, mission and values of the IPHCC here: https://iphcc.ca/iphcc-vision-mission/.
Review the vision, mission and values of the Alliance here: English/French.

Documentation Required:

☐ Declaration or resolution from the organization's governing authority supporting the vision, mission and values of the IPHCC and the Alliance

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 or resolution from the organization's governing authority supporting or endorsing the Model of Wholistic Health and Wellbeing

Criteria # 7: Endorses the Health Equity Charter.
Review the Health Equity Charter: English/French.

Documentation Required:

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

Membership Fee Information

Fee Class	Fee Level	Annual Primary Care Budget	IPHCC Fee	Alliance Fee	Total Fee
A	1	> 6M	$15,000	$5,000	$20,000
B	2	5M to 5.99M	$12,500	$5,000	$17,500
C	3	4M to 4.99M	$10,000	$5,000	$15,000
D	4	3M to 3.99M	$7,500	$5,000	$12,500
E.1	5A	2M to 2.99M	$5,000	$5,000	$10,000
E.2	5B	1M to 1.99M	$2,500	$5,000	$7,500
E.3	5C	< 1M	$1,500	$5,000	$6,500

Membership Fees and Non-Payment

1. **Annual Membership Fees:**
   1.1. All organizational members of the IPHCC are required to pay annual membership fees as determined by the IPHCC.
   1.2. Membership fees are due on March 31st of each year.
   1.3. 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.

2. **Non-Payment of Membership Fees:**
   2.1. If an organizational member fails to pay their annual membership fees by the due date, the IPHCC will consider the membership as "in arrears."
   2.2. **First Reminder:** The IPHCC will issue a reminder notice to the member organization 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.
   2.3. **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.
   2.4. **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.
   2.5. **Termination of Membership:** If membership fees remain unpaid 90 days after 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.
   2.6. **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.

3. **Reinstatement of Membership:**
   3.1. 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 Governing Authority Representative: _____

Title of Governing Authority Representative: _____

Signature: _____

Date: _____

Please submit your completed Membership Application with the required attachments to members@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 and the Alliance for Healthier Communities.

Signed and authorized by:

_____	_____
Caroline Lidstone-Jones, CEO, IPHCC	Sarah Hobbs, CEO, The Alliance
_____	_____
Date	Date
Approved by the IPHCC Board of Directors on: _____.	Approved by the Alliance Board of Directors on: _____.