



IPHCC Membership Application Form

This 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 members of the Indigenous Primary Health Care Council (IPHCC) only. Information about the fee structure is on page 4.

If you have any questions while completing this form, please contact Sadiyah Jamal, Administration Manager, at sjamal@iphcc.ca.

General Information

Organization Full Name: _____
Mailing Address: _____
Phone Number: _____

Contact Information

Executive Leader

Name: _____
Title: _____
Email: _____
Phone Number: _____

Governing Authority Representative

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).

Documentation Required:

- ☐ 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

If in progress, please comment on status:

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

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

Membership Fee Information

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

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.

Signed and authorized by:

Caroline Lidstone-Jones, CEO, IPHCC

Date

Approved by the IPHCC Board of Directors on: _____.