



Denominational Health Association

APPLICATION FOR ASSOCIATE MEMBERSHIP

The following would like to apply for associate membership in the Denominational Health Association:

Name of Society/Organization: _____

Mailing address: _____

Does your organization provide residential services? This includes affordable housing, supportive housing, assisted living or complex care. Yes. No.

If the answer to the above is yes – how many places (beds) do you have in B.C. _____.

Membership fees are calculated on bed numbers for facilities providing that service.

Fees:

100 beds or less	\$500.00
101 to 200 beds	\$750.00
Over 200 beds	\$1,000.00

The fee for organizations that provide community based health services but who have no residential services fall into the same fee structure as facilities with less than 100 beds – i.e. \$500.00.

In applying for membership in the Denominational Health Association (DHA), we agree to respect the bylaws and constitution of the DHA.

Print name of signing authority

email address

Signature

Date

Membership accepted on behalf of the Denominational Health Association:

Robert J. Breen
Executive Director

Please submit this application with the appropriate fee to:

Denominational Health Association
9387 Holmes Street
Burnaby, BC V3N 4C3