



**Indigenous  
Physicians  
Association of  
Canada**

**MEMBERSHIP FORM  
2008-2009**

The Indigenous Physicians Association of Canada (IPAC) is an independent and a-political association. Our goals are to provide mentorship and support to Indigenous students, residents, and practicing physicians, to promote education on Indigenous health issues, and to improve the health status of the Indigenous people of Canada.

One year IPAC membership (August -July) is open to individuals of Indigenous ancestry (which includes First Nations, Métis, or Inuit), born or living in Canada and who are graduates of, or enrolled in, a recognized medical school. Members in good standing (ie, membership fees paid up-to-date) are entitled to vote at meetings.

<b>Name</b>	
<b>Specialty</b>	
<b>Organization / School</b>	
<b>Street</b>	
<b>City</b>	
<b>Province/Territory</b>	
<b>Postal Code</b>	
<b>Telephone</b>	
<b>Fax</b>	
<b>Email</b>	
<b>Indigenous ancestry (Tribe/Nation/Métis/Inuit)</b>	

Are you currently a member of the Canadian Medical Association (CMA)? Yes \_\_\_\_\_ No \_\_\_\_\_

**Improving Indigenous Health Status  
to the Highest Attainable Level.**



# Indigenous Physicians Association of Canada

## IPAC MEMBERSHIP CATEGORIES:

### \_\_\_\_\_ **Full Voting Member**

As a Full Voting Member applicant I certify that I am of Indigenous ancestry (this includes First Nations, Métis, or Inuit), born or living in Canada and has graduated from, or enrolled in, a recognized medical school.

\_\_\_\_\_ **Student (\$25)**

\_\_\_\_\_ **Resident (\$50)**

\_\_\_\_\_ **Practicing Physician (\$150)**

### \_\_\_\_\_ **Affiliate**

As an Affiliate applicant I certify that I am:

\_\_\_\_\_ **Indigenous Health Professional /Para-professional or Organization involved in Indigenous health (\$250)**

\_\_\_\_\_ **Indigenous Organization or Individual concerned with health (\$250)**

\_\_\_\_\_ **Non-Indigenous Organization or Individual involved in Indigenous health (\$250)**

### \_\_\_\_\_ **Honorary**

I am an individual who has been nominated and approved by the General Council or its representatives.

\_\_\_\_\_ My letter of support from the General Council is attached

### *For Accounting Purposes Only:*

*Date Received:* \_\_\_\_\_ *Method of Payment:* \_\_\_\_\_

*Amount:* \_\_\_\_\_ *Date Deposited:* \_\_\_\_\_

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