



International Federation of Community Health Centres

Membership Application Form 2022-23

IFCHC membership enables Community Health Centres and Community Health Centre associations to participate in a global network of community health leaders, sharing knowledge, resources and working collectively to advance common goals. In addition to helping build the global Community Health Centre movement and increasing support for the CHC model around the world, membership has a growing number of direct benefits for member CHCs and CHC associations.

Membership is open to all organizations throughout the world that satisfy the IFCHC definition of “Community Health Centre” and any association whose primary focus is to represent organizations that meet this definition. In order to support the work of the federation, IFCHC assesses annual membership dues to all members. Dues amounts below are listed in Canadian dollars (CAD). The annual membership period is July 1 to June 30.

To become a member, please complete the form below and submit along with your annual IFCHC membership dues as indicated. Your membership dues may be submitted by cheque, wire transfer, or paid online.

Type of Membership (annual dues amount):

- Country-Level Community Health Centre Association (CAD \$8000.00 / year)
- Regional, state, or provincial Community Health Centre Association (CAD \$1000.00 / year)
- Community Health Centre (CAD \$500.00 / year)

What is the name of your Community Health Centre or CHC Association?

Physical Address (list administrative site if you have more than one location)

Street Address:

Town/City:

State / Province:

ZIP / Postal Code:

Country:



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Mailing Address
(if different from physical
address listed above):

Contact Person at Your Organization for IFCHC Membership

Full Name:

Title/Role at Organization:

Email Address:

Phone:

Your Organization's Website Address (if applicable)

www. _____

Eligibility for IFCHC Membership

Please review and check off the following items to confirm that your organization is eligible for membership; ie, meets the definition of “Community Health Centre” or is an association which represents organizations that meet the definition:

- Primary care (clinical) services delivered by an interprofessional team of healthcare providers.
- Integration of primary care with programs and services in health promotion, illness prevention and community health using a holistic frame of reference and an orientation towards the needs of individuals, families, groups and communities.
- Attention to the broader causes of illness – the social determinants of health – addressing them through services, programs, advocacy and/or intersectoral cooperation.
- A strong emphasis on community engagement and civic participation in health and health care, which includes regular/routine participation of clients and other community members in governance and/or planning for the Community Health Centre.
- Makes a contribution to universal health coverage and is accessible to individuals and families irrespective of race, religion, social status and other factors, with a commitment to equity, social inclusion and human rights.



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Membership dues payment

Online

The easiest and fastest way to process this application form and dues payment, simultaneously, is through our online membership form and payment portal at www.ifchc.org/membership

By cheque or money order

If paying by cheque or money order, please ensure that it is made out in Canadian \$ (CAD) or the appropriate exchange rate in your local currency. Please make your membership dues cheque or money order payable to “Canadian Association of Community Health Centres” or “CACHC” (which operates the IFCHC Secretariat). You may note “IFCHC Membership Dues” if you wish. Submit, along with this completed form to:

IFCHC Secretariat
c/o Canadian Association of Community Health Centres
340 College Street – Suite 500
Toronto, Ontario, Canada M5T 3A9
Attn: Scott Wolfe – Global Coordinator, IFCHC Secretariat

By wire transfer

If paying by wire transfer, please submit your completed membership form by mail (see mailing address above) or by email to swolfe@cachc.ca. When processing your wire transfer, please note dues payment “Canadian Association of Community Health Centres” or “CACHC” (which operates the IFCHC Secretariat). Below are all the details you should require to process the transfer.

Swift Code: CIBCCATT
Institution: 0010
Transit no. 00322
Account no. 28-00616
Bank address: 1580-1582 The Queensway, Etobicoke, Ontario, Canada M8Z 1V1