

PLEASE SUPPORT THE COFP 2010 MEMBERSHIP DRIVE TODAY!

If you have already recently renewed or joined the COFP, please accept our thanks again. Please pass this membership form on to one of your colleagues.

THANKS!

For more than a decade, the Coalition of Family Physicians has successfully represented Ontario physicians on many fronts, such as the draconian audits conducted by the Medical Review Committee not so long ago. We are an independent organization, chosen by you rather than being imposed on doctors by government. We rely on voluntary financial support rather than obligatory dues. This means that we are not saddled by obligations to support the government agenda of health care transformation. Needless to say, only physician representation that is not tied to government funding or its vision of health care has the potential to provide meaningful solutions to healthcare delivery in the difficult economic times ahead. We hope that you will support us in this, since it ultimately affects us all, both as physicians and as Ontarians.

Sincerely,



Douglas Mark MD, President
 and the Board of the Coalition of Family Physicians of Ontario

P.S. Since our financial status is assured not by government but by your voluntary support, please consider joining the COFP and supporting our efforts to ensure a brighter future for Ontario's physicians and our patients. We can't do it without you!

2010 COFP MEMBERSHIP FORM

New Member Renewal Member Update my information

LAST NAME: _____

FIRST NAME: _____

MEMBER NO. _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

OMA DISTRICT #: _____

PHONE: (_____) _____ EXT: _____

FAX: (_____) _____

E-MAIL: _____

PRACTICE TYPE: _____

PRACTICE LOCATION: _____

HOSPITAL AFFILIATION: _____

CURRENT FUNDING MODEL: _____

I prefer only email correspondence

Please review your contact information and make any necessary changes here ✂

I am a family physician I am a specialist in _____

I am submitting my 2010 COFP Membership Dues of \$200/yr \$75/yr retired (Residents & Students free)

I am making a further Political Action contribution: \$50 \$100 \$250 \$500 Other \$ _____

I am making a further Legal Challenge contribution: \$50 \$100 \$250 \$500 Other \$ _____

TOTAL MEMBERSHIP CONTRIBUTION SUBMITTED: \$

CHEQUE ENCLOSED VISA MASTERCARD AMEX

Card Number: _____ Expiry Date: _____

Card Number: _____ Expiry Date: _____

Cardholder Name: _____ Signature: _____

THE COALITION OF FAMILY PHYSICIANS OF ONTARIO

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