



Working Together to Create the Healthiest Community in the World  
2048 Melville Drive, Sidney, British Columbia CANADA V8L 2N1 Tel: 250.655.0515 Fax: 250.655.0513 [www.siwc.org](http://www.siwc.org)

## SIWC Membership Form

Please Print Clearly

**Business Name:** \_\_\_\_\_

**Member's Name and Title:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Toll Free:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Category you would like to be listed under:**

\_\_\_\_\_  
(Please refer to the directory for existing categories)

**Additional modalities you would like listed (up to 5):**

\_\_\_\_\_

\_\_\_\_\_  
(Please refer to the directory for existing modalities)

### Additional Membership Information

#### **1. Health Practitioners/Wellness Providers**

Are you registered or certified by a regulatory body that governs your practice? \_\_\_\_Y \_\_\_\_N

If yes, what is the name of the organization? \_\_\_\_\_

Number of years/hours of training? \_\_\_\_\_ Number of years in practice? \_\_\_\_\_

#### **2. Product Sale Representatives**

What company do you represent? \_\_\_\_\_

What products do you sell? \_\_\_\_\_

#### **3. Associate Members**

What is your interest in supporting the SIWC? \_\_\_\_\_

Do you have an area of skill or expertise that you would like to share with the SIWC?  
\_\_\_\_\_

Check the legend symbols that apply to your business if you would like this information included in your directory listing:

\_\_\_\_\_ Mobile Services Δ                      \_\_\_\_\_ Pregnancy Services †                      \_\_\_\_\_ Product Sales \$

\_\_\_\_\_ Animal Services Ω                      \_\_\_\_\_ Covered by Extended Medical ¥

**Please check one of the following:**

\_\_\_\_\_ **Full Member** – individual health practitioners/wellness providers

\_\_\_\_\_ **Associate Member** – do not qualify as full members but support the SIWC goals

\_\_\_\_\_ **Lifetime Member** - membership granted for exceptional contribution to health  
\_\_\_\_\_ **Not-For-Profit Organization** – health and wellness related non-profit groups

Please note: For a complete description of each of these types of memberships, their rights and responsibilities, please refer to the SIWC bylaws and constitution.

**Annual Membership Fees**

**\$100 - Annual fees for all memberships** (excluding lifetime members)

Fees are payable at the AGM-the 1<sup>st</sup> Tuesday of November yearly. Members who join at times other than the AGM, will have their fees pro-rated.

**Fees can be paid by:**

\_\_\_\_\_ **Cash**                      \_\_\_\_\_ **Cheque**

**Please make cheques payable to “SIWCS”.** (NSF cheques will be charged an administration fee of \$15.)

If you are mailing your membership form and cheque, please send it to:

**SIWCS**

**2048 Melville Dr., Sidney, BC V8L 2N1**

**Privacy and Confidentiality**

The SIWC is committed to protecting its members’ confidentiality and the Association collects uses and discloses a member’s personal information in accordance with the Personal Information Privacy Act. By my signature below I hereby authorize the SIWCS to use or disclose my contact information collected on this form for purposes related to its mandate, subject to the following exceptions:

**Check only those you WANT to apply**

- ( ) Please do not disclose my contact information as part of the SIWCS website, directories or phone referrals. Checking this box means that the public will not be able to contact you by these routes.
- ( ) Please do not disclose my contact information for educational or research purposes to persons or organizations under contract with the Association. Those under contract with the SIWCS are bound by a PIPA agreement to maintain membership information confidentiality. Checking this box means that Association approved contractors will NOT contact you for educational or research projects.
- ( ) Please DO NOT send me SIWCS mail outs to the mailing address noted above.
- ( ) Please DO NOT send me SIWCS emails to the email address noted above.

I am enclosing a donation of \$ \_\_\_\_\_ to support the SIWCS.

I agree to abide by the constitution and bylaws of the Sidney Integrated ‘Wellness Community Society.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

SIWC reserves the right to review all information listed herein.

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For Office use only

\_\_\_\_\_ Payment received                      \_\_\_\_\_ Approved                      \_\_\_\_\_ Signature