



Interfaith Health Care  
Association of Manitoba

Association interconfessionnelle  
en soins de la santé  
du Manitoba

The Interfaith Health Care Association of Manitoba (IHCAM) is a voluntary non-profit provincial association created in 1995 and comprised of health and social care organizations that are owned and operated by nine faith groups; Baptist, Catholic, Jewish, Lutheran, Mennonite, Pentecostal, Salvation Army, Seventh-Day Adventist and United.

IHCAM advocates on behalf of its membership the value of faith-based health care and governance.

IHCAM's member organizations represent over 13% of Manitoba's health care budget employing over 10,000 staff and attracting over 2000 community volunteers.

### REGULAR MEMBER INFORMATION

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: Postal Code \_\_\_\_\_

Contact Person: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Number of beds \_\_\_\_\_ PCH \_\_\_\_\_ Supportive \_\_\_\_\_ Independent \_\_\_\_\_ Assisted

Number of Staff: \_\_\_\_\_ Volunteers: \_\_\_\_\_ No. of Board of Directors: \_\_\_\_\_

### ANNUAL MEMBERSHIP FEES – CHARTER MEMBERS

IHCAM's annual membership fees are calculated based on your previous years' audited revenue and using the following formula.

		Maximum Fee
Amount per million for the first 5 million in the budget	\$430.00 / million	\$2150 / 2 = \$1,075.00
Amount per million for the next 5 million	\$215.00 / million	\$1075 / 2 = \$ 537.50
Amount per million for the next 10 million	\$143.33 / million	\$1433 / 2 = \$ 716.50
Amount per million for the next 30 million	\$107.50 / million	\$3225 / 2 = \$1,612.50
Amount per million for the next 50 million	\$ 86.00 / million	\$4300 / 2 = \$2,150.00

Please email this form along with a copy of your "statement of earnings" from your most recent audited financial statement to Gladys Hrabi [ghrabi@ihcam.ca](mailto:ghrabi@ihcam.ca) who will send you an invoice for your IHCAM membership fees.

### METHOD OF PAYMENT

Please make your payment electronically or by cheque payable to IHCAM and send it to the address below. Thank you.



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### ASSOCIATE MEMBER INFORMATION

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: Postal Code \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Brief description of your organization: \_\_\_\_\_

\_\_\_\_\_

Number of Staff: \_\_\_\_\_ Volunteers: \_\_\_\_\_ No. of Board of Directors: \_\_\_\_\_

#### ANNUAL MEMBERSHIP FEES – ASSOCIATE MEMBER \$350.00

Please email this form to Gladys Hrabi [ghrabi@ihcam.ca](mailto:ghrabi@ihcam.ca) who will send you an invoice for your IHCAM membership fees.

### INDIVIDUAL MEMBER INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: Postal Code \_\_\_\_\_

Position: \_\_\_\_\_

Organization you work for: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### ANNUAL MEMBERSHIP FEES – INDIVIDUAL MEMBER \$ 50.00

#### METHOD OF PAYMENT

Please make your payment via e-transfer or by cheque to IHCAM and send it to the address below.

Thank you.