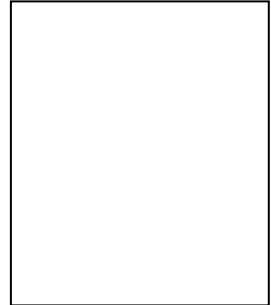




International Maternal & Child Health Foundation (Canada)

IMCHF

Membership Form



First Name ----- Last Name -----

Address -----, City -----

State/Province ----- Postal code / zip ----- Country -----

Phone (Res) ----- (Cell) -----

Email -----

Academic Qualification -----

Resources or Skills that you might bring to the work of IMCHF

Membership Type: (1) Active Member minimum 5\$ monthly membership fee

(2) Supporting Member membership fee is optional

IMCHF is committed to help Pregnant mother, Newborn & Children.

I fully agree with and am willing to subscribe to the objectives of IMCHF

Signature: ----- Date:-----

FOR OFFICE USE

Approved Yes No Date ----- Membership Number -----

Board of Director -----Signature -----

www.imchf.org email: info@imchf.org Add: 801 Normand, Laval, QC, H7P3Z2 , Canada.

Ph: 1-450-628-0328