**Membership Form**

Membership Criteria:

[ ]  We are a non-profit, Canadian organization that is not a subsidiary of a for-profit

 organization.

[ ]  Our Organization is committed to improving outcomes for those affected by Hepatitis B and/or Hepatitis C

[ ]  We have read, and are in support of the [AHC Membership Terms of Reference](http://www.actionhepatitiscanada.ca/uploads/8/3/3/9/83398604/ahc_membership_terms_of_reference_-_revised_may_2015.pdf).

[ ]  We have read, and support and endorse the [mission and values](http://www.actionhepatitiscanada.ca/about.html) of Action Hepatitis Canada.

Organization:

Contact Name:

Phone: (     )       -       Ext:

Email:

Website:

Address:

City:       Province:       Postal Code:

Date:

Please send this information to: actionhepatitiscanada@gmail.com

***Action Hepatitis Canada*** *is a national coalition of organizations holding governments accountable to Canada’s international commitment to eliminate viral hepatitis as a public health threat by 2030.*