**Membership Form**

Membership Criteria:

[ ]  We are a non-profit, Canadian 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 responding to hepatitis B and C. Our work engages**government, policy makers, and civil society across Canada to promote hepatitis B and C* ***prevention****, improve access to care and* ***treatment****, increase knowledge and innovation, create public health* ***awareness****, build health-professional capacity, and* ***support*** *community-based groups and initiatives.*