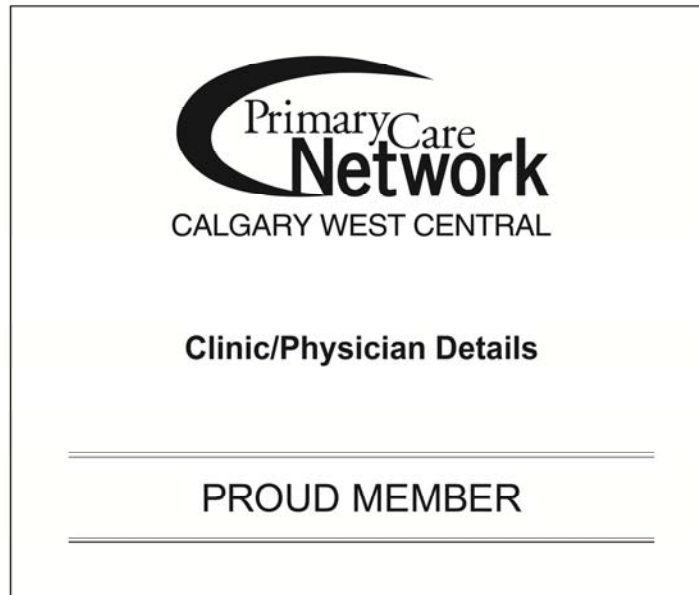


MEMBERSHIP PLAQUE ORDER FORM

The Calgary West Central Primary Care Network provides physician members with a member plaque to display in their clinic.

SAMPLE PLAQUE:



Please indicate *below* what clinic or physician name(s) you would like to have on your personalized plaque.

Option 1: Physician name(s): _____

Option 2: Clinic name: _____

Physician signature

Physician name (*please print*)

* Please fax to 403.258.2746 or email memberservices@cwcpn.com.