**SCHEDULE “E”**

**MEMBER SUBSCRIPTION DECLARATION**

TO: **SAULT STE. MARIE ACADEMIC MEDICAL ASSOCIATION**

(hereinafter referred to as the “SSMAMA”)

AND TO: All current Members of the SSMAMA

(hereinafter referred to as the “Members”)

IN CONSIDERATION of the SSMAMA agreeing to allow me to become a member of the SSMAMA, and other good and valuable consideration, the receipt of which is hereby acknowledged, I hereby declare and agree as follows:

1. I have been provided with a copy of the Association Agreement dated November 2, 2012 and the AFP dated February 28, 2011 (hereinafter referred to as the “Agreements”). I have read the Agreements, understand them and I have had the opportunity to obtain independent legal advice with respect thereto.
2. I hereby agree to be bound by all terms of the Agreements as a party to the Agreements as if I had signed the Agreements as of the date below written. Without limiting the generality of the foregoing obligation, I also agree as follows:
   1. I will fulfill all “Members’ Obligations” listed in the Association Agreement;
   2. In the event that I breach any term of the Association Agreement, the SSMAMA shall have the rights set out in the Association Agreement to terminate my membership in the SSMAMA; and
   3. If I decide to withdraw from the Association, I shall provide the SSMAMA with at least two months’ notice according to the Association Agreement. I understand that in such event, certain provisions of the Agreement continue to be binding upon me with respect to my ongoing liabilities.

IN WITNESS WEREOF this Subscription Declaration has been executed by myself on the \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

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Witness as to signature of: Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_