



CORPORATION MEMBERSHIP APPLICATION 2011/2012

TO: BOARD OF DIRECTORS

FROM:

I _____ have read and understand the membership criteria and meet the requirements. I declare that I meet the criteria to be a voting member of the Perth and Smiths Falls District Hospital and I agree to abide by the Mission, Vision, and Values and the By-laws of the organization as they apply to my membership.

Signature: _____ Date: _____

Home Address: _____

Home telephone: () _____

Home email: _____

Home fax: () _____

Business Address: _____

Business telephone:() _____

Business email: _____

Business fax: () _____

I hereby acknowledge that I meet the following membership qualifications which are set out in Section 2 of the Corporation's By-Law Number 2, namely that at the time of my application, I am:

1. A resident of the Perth Sector of the Perth and Smiths Falls District Hospital which includes the Town of Perth, the Township of Tay Valley (formerly Bathurst-Burgess-Sherbrooke), Beckwith, Drummond-North Elmsley, Lanark Highlands or a resident of the Smiths Falls Sector of the Perth and Smiths Falls District Hospital which includes the Town of Smiths Falls, the Townships of Elizabethtown-Kitley, Merrickville-Wolford,

- Montague, Rideau Lakes for a continuous period of at least three (3) months immediately prior thereto, and/or
2. Employed or carry on a business in said municipality, or township for a continuous period of three (3) months prior to this application.
 3. Of the full age of eighteen (18) years.
 4. Not a member of the medical, dental or midwifery staff of the Corporation.
 5. Not an employee of the Corporation.
 6. Not a spouse, dependent child, parent, brother or sister of an employee of the Corporation.
 7. Not a person who lives in the same household as a member of the medical, dental or midwife staff or an employee of the Corporation.

The application fee of \$10.00** must be received by April 1, 2011 and must be accompanied by the signed application form. Please forward to:

Karen Kelly, Executive Assistant, President and CEO
Perth and Smiths Falls District Hospital, Corporate Office
60 Cornelia St, West
Smiths Falls, ON
K7A 2H9

I fully understand that should I knowingly falsify any portion of my application; my request for corporation membership will be rejected.

****Please make cheque payable to the Perth and Smiths Falls District Hospital****

For Office Use Only:

Date received: _____

Date approved: _____