



NOTE: During the pandemic – payment and application can be processed by one of the methods listed below:
Mail to Marlene Vieira, Haliburton Highlands Health Services, P.O. Box 115, Haliburton, ON K0M 1S0
Hand deliver to Haliburton Hospital main business office doors (not Emergency Department) and leave with the screener for Marlene Vieira
Phone call with your credit card number to 705-457-2527

Application for Membership to Haliburton Highlands Health Services Corporation

For the term April 1, 2021 to March 31, 2022

(Eligible to vote at the 2021 AGM)

In order to be eligible for Annual Membership you are required to make the following statements:

1. I am at least 18 years of age;
2. I am a property owner, tenant or am employed within the Catchment area of Haliburton Highlands Health Services Corporation, which includes the County of Haliburton and surrounding townships, and have been for at least twelve months immediately prior to this application

Or

I carry on business within the Catchment area of Haliburton Highlands Health Services Corporation, which includes the County of Haliburton and surrounding townships and have done so for at least twelve months immediately prior to this application;

3. I am **not** an HHHS Employee or a member of the Professional Staff, other than the members of the Medical Staff appointed by the Board pursuant to the *Public Hospital Act and*
4. My spouse, dependent child, parent, sibling is **not** an employee of the Corporation or a member of the Professional Staff.

I have read the membership eligibility requirements listed above and meet all of the requirements set forth therein and enclose the annual membership fee of \$10.00 for the April 1, 2021 to March 31, 2022 term. I understand that admission to Membership is to be approved by a resolution of the Board and voting privileges commence sixty days after my membership fee has been paid pursuant to the membership provisions in By Law No. 1 of the Corporation.

Dated at _____ this _____ day of _____ 2021

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

For Administration purposes only:

Membership Fee attached: Yes No

Applicant approved by Board Resolution _____
 (insert date)

Payment Method:

Visa

MasterCard

Debit

Cash or Cheque