



**Application for Membership in the  
The Ross Memorial Hospital**

**Please print legibly.**

**Name (First and Last):** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Home Telephone Number with Area Code:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Select one:**

- ☐ Annual Membership - No fee.  
☐ Individual Life Membership - \$100 fee.  
☐ Life Membership of an Association or Corporation - \$1000 fee.

Please make cheques payable to: *The Ross Memorial Hospital*.

*For Office Use only*

Fee received: \_\_\_\_\_

Cheque #: \_\_\_\_\_

Date of cheque: \_\_\_\_\_

**Membership Criteria:**

I am 18 years of age or over.

I understand that Annual Membership in the Corporation shall be effective from April 1, 2019 to March 31, 2020.  
A Life Membership shall be in effect from April 1 of the year in which it is approved until such time as it is terminated.

I understand that in order to be admitted as a Member for the membership periods set out above,  
a completed application form and fee must be received no later than noon on June 20, 2019.

I understand that all memberships must be confirmed by a resolution of The Ross Memorial Hospital Board of Governors.

Where an association or corporation is accepted as a Member, the presiding Officer of the association or corporation shall be entitled to vote on behalf of such Member.

Name of presiding Officer assigned to vote on behalf of such Member: \_\_\_\_\_

Membership forms must be submitted and received by the Secretary of the Corporation by the dates described above at the following location Monday to Friday between 8:30 am and 4:30 pm:

Secretary, The Ross Memorial Hospital  
c/o Tamra Fierheller, 10 Angeline Street North,  
2nd Floor Administration Wing, Room 2360A,  
Lindsay, ON K9V 4M8

Telephone: (705) 324-6111 Ext. 4272

I have read the membership criteria and meet the requirements as outlined above.

I agree to abide by the Special Acts and By-laws of the Corporation as they apply to my membership.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Verified by:** \_\_\_\_\_ **Received Date & Time:** \_\_\_\_\_