



NOTE: Payment and submission of application can be done by of the methods listed below:
Mailed to Michel Henry, Haliburton Highlands Health Services, P.O. Box 115, Haliburton, ON K0M 1S0
Hand delivered to Haliburton Hospital main business office doors (not Emergency Department) and left for Michel Henry
Phone call with your credit card number to Michel Henry @ 705-457-2527

Application for Membership to Haliburton Highlands Health Services Corporation

For the term April 1, 2023 to March 31, 2024

(Eligible to vote at the 2023 AGM if membership is received 60 days in advance of AGM as per HHHS By-laws)

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, 2023 to March 31, 2024 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 _____ 2023

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

For Administration purposes only:

Payment Method:

Membership Fee attached: Yes ☐ No ☐

☐ Visa

Applicant approved by Board Resolution _____

☐ Mastercard

(insert date)

☐ Debit

☐ Cash or Cheque