

Email executed copy to Michel Henry - mhenry@hhhs.ca
By Monday, June 19, 2023 at noon to be included on the list of new
members for admission by the Board.

Application for Membership to Haliburton Highlands Health Services Corporation

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

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 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.

I provide consent to receive communications by email.

Dated at _____ this _____ day of _____ 2023

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Signature: _____

For Administration purposes only:

Membership Fee paid: Yes ☐ No ☐

Applicant approved by Board Resolution _____