



Application for Membership to Haliburton Highlands Health Services Corporation

For the term April 1, 2024 to March 31, 2025

*To be eligible to vote at the June 27, 2024 Annual Meeting, completed applications (including payment) must be received by **April 18, 2024**.

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 (HHS) 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** a 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, 2024 to March 31, 2025 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 consent to receive HHHS corporate information by email.

Dated at _____ this _____ day of _____ 2024

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Signed by: _____ Date of Birth _____

Confirmation of membership will be sent by email by May 3, 2024. Annual Meeting information will be sent to members by email.

E-Mail completed applications to mhenry@hhhs.ca or hand deliver to Michel Henry at HHHS – Haliburton Site Business Office (beside Emergency) between 9 am and 4 pm before April 18, 2024, or mail to Haliburton Highlands Health Services, Attn: M. Henry, 7199 Gelert Road, PO Box 115, Haliburton, ON K0M 1S0. To pay by Credit Card, please call Accounts Receivable at 705-457-1392, extension 0.

For Administration purposes only:	
Membership Fee paid: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Membership approved by Board Resolution: _____