



Confidential when completed

Application for Membership to Haliburton Highlands Health Services Corporation

For the term August 1, 2024 to July 31, 2025

Applications and fees must be received and paid by **May 6, 2025** (50 days prior to Annual Meeting) to meet the criteria to vote at the Annual Meeting planned for June 26, 2025.

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 have paid to the Corporation the annual membership fee, and
 - At the time of payment of the fee, I am a property owner or tenant within the Catchment Area (the geographic area served by the Corporation including the County of Haliburton, North Kawartha, Kawartha Lakes, Bracebridge and Lake of Bays, as determined by the Board from time to time) for a period of twelve (12) months immediately prior thereto; or
 - I am employed or carry on business in the Catchment Area for a period of twelve (12) months immediately prior thereto.
3. I am not an Excluded Person (any member of the Professional Staff other than the members of the Medical Staff appointed to the Board pursuant to the Public Hospitals Act; any employee other than the President and Chief Executive Officer; and any spouse, child, grandchild, parent, grandparent, brother, sister, or member of the household of an employee of the Corporation or member of the Professional Staff); and
4. I have completed and signed the application and returned it to the Secretary of the Board.

I have read the membership qualifications and meet all of the requirements set forth therein and enclose the annual membership fee of \$10.00 for the August 1, 2024 to July 31, 2025 term. I understand that admission to Membership is to be approved by a resolution of the Board and entitlement to vote at any meetings of the Corporation commences when the membership fee has been paid in full at least fifty (50) days prior to the date of the meeting.

I consent to receive HHHS Corporate information by email.

Dated at _____ this _____ day of _____ 20____.

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Signed: _____ Date of Birth _____

Confirmation of membership will be sent by email. Annual Meeting information will be made available on the website hhhs.ca.

E-Mail completed applications to hhhsceboardoffice@hhhs.ca or deliver to HHHS – Haliburton Site Business Office between 9 am and 4 pm before May 6, 2025, 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 x 0.

For Administration purposes only:

Membership Fee paid: Yes ☐ No ☐

Date Membership approved by Board Resolution: