



# APPLICATION FOR MEMBERSHIP

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_ FACSIMILE NO.: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

## MEMBERSHIP CATEGORIES

\*\*Annual Member - \$10 per year

Director as Ex-officio Member – No fee

Life Member - No fee

Honorary Member – No fee

**\*\*With respect to an Annual Membership, please note the following:**

- 1 - A person interested in furthering the Corporation's objects may apply for an annual membership. A person's application for admission as an annual member must be approved by a resolution of the Board.
- 2 - Any annual membership in the Corporation shall be effective only from April 1<sup>st</sup> in one year to March 31<sup>st</sup> in the following year.
- 3 - An annual member shall not be entitled to vote at any meetings of the corporation unless the membership fee was paid in full at least sixty (60) days prior to the date of the meeting.

### Membership Qualifications:

- 1 - Membership is subject to payment by the applicant to the Corporation of an annual membership fee as is determined from time to time by resolution of the Board.
- 2 - At the time of payment of the fee:
  - (a) the applicant must not be:
    - a member of the Professional Staff;
    - an employee;
    - an associate of a member of the Professional Staff or employee of the Corporation;
  - (b) the applicant must:
    - be of the full age of eighteen (18) years; and
    - have been a resident of the City of Cornwall, S.D. and G. or Akwesasne for a continuous period of at least three (3) months immediately prior thereto; or
    - be employed or carry on business in the City of Cornwall, S.D. and G. or Akwesasne.

I hereby acknowledge I have read the membership qualifications outlined above and that I meet all of the requirements for membership.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***If you are applying for an annual membership, please make cheque payable to "Cornwall Community Hospital".***

### FOR OFFICE USE ONLY

Annual Membership Fee: \$10

Payment Received    Yes     No

*Receipt and Membership Card issued by:*

\_\_\_\_\_  
*Name of CCH Official*

\_\_\_\_\_  
*Date Approved by the Board*