



**2021/22 Application for Membership in
The Ross Memorial Hospital**

Please print legibly.

Name (First and Last): _____

Home Address: _____

City/Town: _____

Postal Code: _____

Telephone Number with Area Code: _____

E-mail Address: _____

Select one:

Annual Membership – No fee. New Renewal

Individual Life Membership - \$100 fee.

Life Membership of an Association or Corporation - \$1000 fee.

Please make cheques payable to: *The Ross Memorial Hospital*.

<i>For Office Use Only</i>
Fee Received: _____
Cheque #: _____
Date of Cheque: _____

Membership Criteria:

I am 18 years of age or over.

I understand that Annual Membership in the Corporation shall be effective from April 1, 2021 to March 31, 2022 and a Life Membership shall be effective from April 1 of the year in which it is approved until such time as it is terminated.

I understand that in order to be admitted as a Member for the membership periods set out above, a completed application form and fee (if applicable) must be received by March 19, 2021 at 4:00 (see page 2 for further detail).

I understand that all memberships must be confirmed by a resolution of The Ross Memorial Hospital Board of Governors.

I understand that membership forms must be submitted and received by the Secretary of the Corporation per the process and dates described on page 2 of this form.

I agree to abide by the Special Acts and By-laws of the Corporation as they apply to my membership.

I have read the membership criteria and meet the requirements as outlined above.

Signature: _____

Date: _____

For Office Use Only

Received Date/Time: _____ Verified by: _____

Instructions for Obtaining a 2021/22 Corporate Membership for The Ross Memorial Hospital

Please read the following information carefully.

Annual Membership – RENEWAL

Individuals who held an annual membership in 2020/21 can obtain the 2021/22 Corporate Membership Application form by downloading it at <https://rmh.org/about-ross-memorial/governance>, emailing tfierheller@rmh.org, or calling 705-324-6111 ext. 4272.

Completed forms must be returned by 4:00 pm on Friday, March 19, 2021 via email to

tfierheller@rmh.org or mail to:

Ross Memorial Hospital
Attention: Tamra Fierheller
10 Angeline Street North,
Lindsay, ON K9V 4M8

Annual Membership – NEW MEMBERS

New members can obtain the 2021/22 Corporate Membership Application form by downloading it at <https://rmh.org/about-ross-memorial/governance>, emailing tfierheller@rmh.org, or calling 705-324-6111 ext. 4272.

Process for New Members to Return Application Forms

- Completed forms must be returned to the hospital in person by the individual applying for membership. Forms cannot be submitted on behalf of another individual.
- Individuals must show identification when submitting an application. Identification must include the applicant's home address.
- As restrictions for entering the Hospital remain in place due to COVID-19, please email tfierheller@rmh.org or call 705-324-6111 ext. 4272 to arrange a date/time to submit your application.

Life Membership (Individual or Corporation)

Individuals who held an annual membership last year and who now wish to obtain a life membership are asked to return the application form and accompanying cheque by mail by the noted deadline of 4:00 pm on March 19, 2021.

Others interested in obtaining an individual or corporation life membership are asked to follow the same process as outlined above for new members.

For additional information, please contact tfierheller@rmh.org or 705-324-6111 ext. 4272.

Note - The Hospital has submitted an application to the Ontario Legislature to update its Special Act which may result in changes to the corporate membership structure.