Application for Corporate Membership
Lake of the Woods District Hospital

Name (Please print):   _____

Primary Home or   _____

Business Address: _____

Phone: _____

Email: _____

Application Fee Paid: _____

Membership Qualifications:

1. Membership in the Corporation shall be limited to persons interested in furthering the Corporation's objects and shall consist of any person whose application for admission as a member has been approved by a resolution of the Board.
2. A person is eligible to become an Annual Member when he/she pays to the Corporation the annual membership fee of $5.00 and completes and signs the application form.
3. At the time of payment of the $5.00 membership fee, the applicant must:
   - Be of the full age of eighteen (18) years;
   - Have been either a resident, employed, or carried on a business in the Kenora catchment area for a continuous period of at least three (3) months immediately prior to time of payment;
   - Support and promote the objects of the Corporation; and
   - Have completed and signed the application form.
4. No Member of the Corporation shall be an Excluded Person.
   Excluded persons include any members of the medical, dental or midwifery 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 & Chief Executive Officer; any spouse or dependent child of an employee of the Corporation or member of the Professional Staff; and any person who lives in the same household as a ember of the medical, dental or midwifery, extended class nursing staff or an employee of the Corporation.
5. Any annual membership in the Corporation shall be effective for one year from the date of the Board of Director's motion of admittance.
6. An Annual Member shall not be entitled to vote at any meetings of the Corporation unless the membership fee was paid no later than sixty (60) days before the meeting.

I have read the membership qualifications and meet all of the requirements set forth therein.

Signed_____ on this _____ day of _____, 20___.