



APPLICATION FOR MEMBERSHIP IN CAMPBELLFORD MEMORIAL HOSPITAL  
for the term April 1<sup>st</sup>, 2015 to March 31<sup>st</sup>, 2016.

Campbellford Memorial Hospital (CMH) is seeking individuals who share a desire to be knowledgeable of the Corporation and are interested in furthering the Corporation's objects.

A member of the Corporation will be invited to attend and participate in votes at the Annual General Meeting and any special meetings of the Corporation as called by the Board of Directors.

**MEMBERSHIP QUALIFICATIONS**

***Members shall:***

- (a) have paid to CMH the annual membership fee which amount is determined, from time to time, by resolution of the Board of Directors;
- (b) be a resident or employed in one of CMH's service populations, being a large number of townships and municipalities located in the Municipality of Trent Hills and other municipalities in Northumberland, Peterborough and Hastings Counties, for a continuous period of at least three (3) months immediately prior to the date hereof, **or**  
  
be employed or carry on business in the said municipality, county, region or township;  
and
- (c) be an individual of the full age of eighteen (18) years.

***Restricted Persons may be members of the Corporation and are:***

- (a) employees of Campbellford Memorial Hospital (other than the Chief Executive Officer) or the Campbellford Memorial Hospital Foundation;
- (b) members of the Professional Staff other than the members of the Professional Staff appointed to the Board pursuant to the Public Hospitals Act; and
- (c) a spouse, dependent child, parent, brother or sister of an employee or member of the Professional Staff of CMH or the CMH Foundation.

I have read the membership qualifications above and certify that I meet the requirements set forth therein and I am/am not a Restricted Person.

I understand that admission to Membership must be approved by a resolution of the Board of Directors.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(please print)

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_  
(home) (business)

Address: \_\_\_\_\_

***We would appreciate your completing the following***

1. Your interest in Campbellford Memorial Hospital

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2. Professional/Business experience and education

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3. Other relevant information you wish to share as part of your application

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Please return this application along with the required membership fee  
**no later than March 15, 2015** to:

Lynda Tinney  
Executive Assistant to the CEO  
Campbellford Memorial Hospital  
146 Oliver Road  
Campbellford, ON K0L 1L0  
ltinney@cmh.ca