



Stevenson Memorial Hospital Foundation Membership Statement

I, _____, confirm that I am
(please print name)

- (a) twenty-one (21) years of age or older;
- (b) familiar with and understand the Membership Excepts from By-law No. 5;
- (c) committed to furthering the objects of the Corporation;

and that I agree to abide by the Constitution of the Corporation consisting of the Letters Patent, the General Operation By-laws and Policy Statements adopted by the Corporation from time to time.

(signature)

(date)

Address:

Tel No:

Email:

Fax:

Approved:

Board Meeting of _____
(date)

Attested: _____
(President or Vice-President)

(Secretary or Director)