



Stevenson Memorial Hospital Foundation

200 Fletcher Crescent, Box 4000
Alliston, Ontario L9R 1W7

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 Excerpts 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: _____

New Membership Fee \$25.00
*Cheque payable to Stevenson Foundation

Renewal Membership Fee \$10.00

Please include any interests: _____

Office Use Only
**New memberships only:*

Approved: Board Meeting of _____

Attested: _____
(President or Vice-President)

(Secretary or Director)