# CORPORATE MEMBERSHIP VALIDATION FORM

I, _____
(Print full name here)

Reside in the County of Simcoe, City of Orillia, Township of Brock, District of Muskoka, Chippewas of Rama First Nation or Township of Kawartha Lakes west of Highway 35, and have been a resident in said municipality for a continuous period of at least three (3) months;

- am employed or carry on business in the said municipalities;
- am or have been within the past year a patient of, or donor to the Hospital, residing within reasonable proximity of the Hospital;
- am an employee or Credentialed Staff member residing within reasonable proximity of the Hospital

Make application for (please circle one of the following): **Annual Membership** **Lifetime Membership**

in the Corporation of Orillia Soldiers' Memorial Hospital.

At a cost of: $25.00 (annual membership fee) OR $200.00 (life time membership fee)

This _____ day of _____ in the year _____

_____
Address

_____
City Province Postal Code

_____
Telephone Number

_____
Signature

***Information collected is for OSMH Corporate use only.***

Completed forms, along with payment addressed to *Orillia Soldiers' Memorial Hospital*, can be dropped off at the hospital or mailed to:

Orillia Soldiers' Memorial Hospital
170 Colborne Street West
Orillia, ON L3V 2Z3
Attention: Nicky Marchant

*Receipts will be issued through the mail.*

**For Internal Use Only**

_____
Amount Paid

_____
Date

_____
Time

_____
Copy of Receipt Attached