



CORPORATE MEMBERSHIP VALIDATION FORM

I, _____ (please print)

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

Employed or carrying on a business in the said municipalities; or

Having been a patient within the past year, or donor to the Hospital, residing within reasonable proximity of the Hospital; or

Being an employee or Credentialed Staff member residing within reasonable proximity of the Hospital

Make application for a(n) **Annual** **Lifetime** (please choose one)

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 2021

Address

City Province Postal Code

Telephone

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: Marlene Nevill**