



# Indian Head and District Hospital Foundation Inc.

Registered Charity #86447 8391 RR0001

## MEMBERSHIP APPLICATION

### 1. Name of Applicant (individual or organization)

**NOTE:** If the applicant is an organization, please identify the designated voter for membership meetings

\_\_\_\_\_

### 2. Address

Please enter your street name and number or land location as well as your Post Office box number.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 3. Fee Paid

\_\_\_\_\_ Annual (\$10)

Cash \_\_\_\_\_

\_\_\_\_\_ Lifetime (\$50)

Cheque number \_\_\_\_\_

### 4. Membership Pledge

I am a Saskatchewan resident and 18 years of age or older.

I / we (if an organization) agree to abide by and support the Articles of Incorporation, bylaws, policies and objectives of the Indian Head and District Hospital Foundation Inc. A copy of the bylaws is available from the Secretary.

Applicant's signature and email address

Date

\_\_\_\_\_

\_\_\_\_\_

Mail Application to: **The Secretary**  
**Indian Head and District Hospital Foundation Inc.**  
**P.O. Box 1547 Indian Head, SK S0G 2K0**

#### Board Approval

Date \_\_\_\_\_

Membership number \_\_\_\_\_

Board Secretary's signature \_\_\_\_\_