

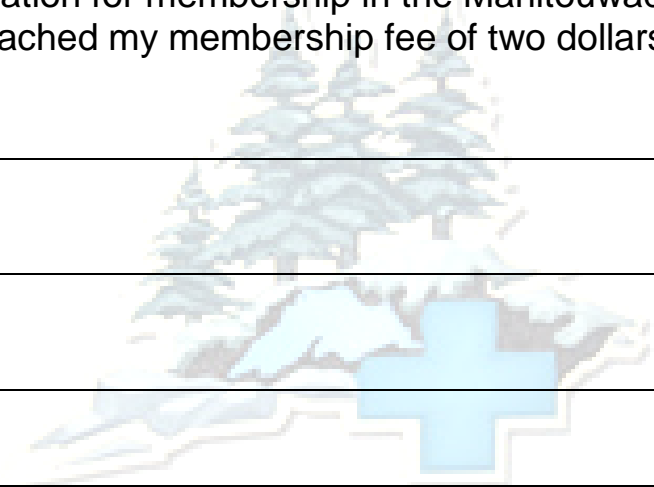
APPLICATION FOR MEMBERSHIP IN THE MANITOUWADGE GENERAL HOSPITAL CORPORATION

I hereby make application for membership in the Manitouwadge General Hospital for the year 2012. I have attached my membership fee of two dollars (\$2.00).

Signature: _____

Name: _____

Address: _____



Please remit your payment (\$2) with completed application (above) in person or by mail (*by April 18th, 2012 to qualify for voting privileges at the AGM Scheduled for June 18th, 2012*) to:

Manitouwadge General Hospital
RE: Membership Application
1 Healthcare Crescent
Manitouwadge, ON P0T 2C0