



# Red Lake Margaret Cochenour Memorial Hospital

## ANNUAL CORPORATE MEMBERSHIP

First Name:

Last Name:

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Mailing Address:

St./Apt. #:

City:

Box #:

Postal Code:

Province:

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Contact Information

E-mail:

Phone #1:

Phone #2:

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Purchase Membership Type:

RENEW Membership (\$5.00)

NEW Membership (\$5.00)

Payment Method:

Cheque (enclosed)

Cash (enclosed)

Credit/Debit Card (in person)

Signature:

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Drop off this form and payment in person at the Hospital or mail with payment to:  
Accounts Receivable  
Red Lake Margaret Cochenour Memorial Hospital  
Box 5005, Red Lake, ON  
POV 2M0

A receipt and membership card will be mailed with the annual report.