

## Membership Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business: \_\_\_\_\_

For office use only

Occupation: \_\_\_\_\_

Are you an employee of the Myrtle Werth Hospital -  
Mayo Health System? Yes \_\_\_ No \_\_\_

Are you a non-physician employee of the  
Red Cedar Clinic? Yes \_\_\_ No \_\_\_

\_\_\_\_\_ Life Membership \$1,000

\_\_\_\_\_ Individual Membership \$25

\_\_\_\_\_ Business Membership \$100

I would like to make a gift to the  
Foundation. Enclosed \$\_\_\_\_\_.

- A Life Membership entitles the member to full benefits for his/her lifetime.
- A business shall name a person to cast the ballot when joining. Changes must be reported to the office 10 days before the annual meeting.
- Membership dues received on or following November 1 shall be applied to the next calendar year.

## The Mission

The Menomonie Community Health Foundation builds endowments to support projects which improve the health of the community served by the Myrtle Werth Hospital - Mayo Health System.

## Membership

Voting membership is open to any adult who lives or works within a 25-mile radius of Menomonie and is interested in promoting the aims, purposes, and welfare of this corporation and in providing quality medical services within the area served by the corporation.

Membership is by individual and is not transferable.

Members who have left the area may be non-voting members.

Those members whose membership dues are paid 30 days prior to the annual meeting will be eligible to vote at that year's annual meeting.

## Membership Benefits

The membership of the Foundation will be invited to an annual meeting in April to review the work of the Foundation and to elect board members as they are needed.

Members will receive mailings to inform them of the work of the Foundation.