



**Stevenson Memorial Hospital
Application – Advisory Member**

For the period April 1, 2017 – March 31, 2018

I, _____ confirm the following:
(please print name)

1. I have read and understand the Rights of Advisory Members as set out on the reverse.
2. I meet the criteria on the reverse of this form to be an Advisory Member.
3. I agree to abide by the Mission, Vision and Values and the By-Laws of Stevenson Memorial Hospital as they apply to be an Advisory Member.

(Signature of Applicant)

(Date)

Home Address:		Business Address:	
E-mail:			
Home Telephone:		Business Telephone:	

Note: Electronic mail will be the preferred method of sharing communications; however, if you do not have an email address, we will be happy to mail you a copy of the communiqué.

Deadline: Annual membership will run from April 1, 2017 to March 31, 2018. Receipt of completed form by Friday, March 17, 2017 would be appreciated; however, memberships are available at any time throughout the year.

Please forward completed form to:

Sharon Knisley
Executive Assistant to President & CEO
Stevenson Memorial Hospital
200 Fletcher Crescent, P.O. Box 4000
Alliston, Ontario L9R 1W7
Email: sknisley@smhosp.on.ca **Fax:** 705-434-5138
Telephone: 705-435-3377, ext. 3200

Stevenson Memorial Hospital

Application – Advisory Member

Rights of an Advisory Member

An Advisory Member shall be entitled to the following rights and privileges:

1. Receive notice of and attend any annual or general meeting of the members of the corporation and the advisory council;
2. Apply for, and if approved by the Board, be appointed as an Advisory Member of a Board Committee(s) as identified in policy *V-A-7 Board Standing and Special Committees*;
3. Nominate other Advisory Members and, if approved by the Board, be appointed as an Advisory Member of a Board Committee(s) as identified in policy *V-A-7 Board Standing and Special Committees*;
4. Receive the annual financial statements and the report of the Auditor.

Advisory Member Criteria

No person shall be qualified as an Advisory Member if he or she:

1. is less than eighteen (18) years of age;
2. has the status of a bankrupt;
3. does not have their principal residence or carry on business within the catchment area served by the Corporation as established by the Board from time to time;
4. is convicted of a criminal offense within the preceding ten years and has not been discharged absolutely or on condition; or
5. is an “excluded person” as defined in the Bylaws .

Excluded Persons (except from Corporate Bylaw – 1.1 (n) – Definitions:

- (i) Any member of the medical, dental, midwifery or extended class nursing staff other than the members of the Medical Staff appointed to the Board pursuant to the *Public Hospitals Act*;
- (ii) Any employee other than the current Chief Executive Officer;
- (iii) Any individual who has been within the preceding five (5) year period an employee of the Corporation;
- (iv) Any person who lives in the same household as a member of the medical, dental, midwifery or extended class nursing staff or an employee of the Corporation or a person referred to in subsection (v) below;
- (v) A person who is or who within the preceding five (5) year period has been either a party to a contract with the Corporation or who is an employee or service provider to an entity that is a party to a contract with the Corporation where the nature of the duties or services provided by that person are, in the opinion of the Governance & Nominating Committee, substantially similar to the nature of the duties and services that might be provided by an employee of the Corporation; provided that the decision of the Governance & Nominating Committee in this regard shall be final.