



# Group/Organization, Business or Municipal Membership Form

Box 479, 10 Aspen Bay  
LUMSDEN, SK S0G 3C0  
Phone: (306) 731-2247

Lumsden & District Heritage Home, established in 1987, is a member-owned long-term care facility who is seeking new members. This nationally accredited Home is funded by the Saskatchewan Health Authority while maintaining its independent ownership and governance.

Join Lumsden & District Heritage Home for voting rights, a voice in decisions, and access to special events and programs.

### Rights of Group, Business, or Municipality Members

- a. To elect the board of directors.
- b. To have one vote on each matter presented to each Annual or Special Meetings of LDHH.
- c. Each member, other than employees of LDHH, is eligible for a position on the LDHH board of directors.
- d. To receive direct communications on all activities, notices, and announcements from the LDHH via electronic means.

To become a Group, Business, or Municipality member, complete the following sections below.

\_\_\_\_\_  
Group, Business, or Municipality

\_\_\_\_\_  
Entity name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone Number

**As a member your entity needs to name the person who will represent the entity at all membership meetings of LDHH. A provision is made for an alternate if required.**

\_\_\_\_\_  
Contact

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Alternate (Contact)

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone Number

- I accept membership into the Lumsden and District Heritage Home and we understand our entity name will be posted on the public register.
- I understand membership is not valid until approved by the LDHH board of directors.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Paid Via:    E-transfer            Online            Cheque

Upload or email form to [ldhhmember@gmail.com](mailto:ldhhmember@gmail.com) along with an e-transfer of \$25.00, pay on the website or mail cheque to address above.

<b>Office use only:</b> Date Approved: _____	Membership Number: _____
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