

2005 Valley Hospital Association Membership Application

Instructions: Complete entire membership application, sign and date. Insert membership application and your \$5 check (*payable to VHA, Inc.*) for each application in the attached postage-paid envelope and drop in a U.S. mailbox or in a drop box at the following locations: Valley Hospital main lobby in Palmer or Valley Hospital Medical Center main upper level (AIC) lobby in Wasilla. More than one application can be mailed in an envelope. You may write one check for all applications mailed at the same time. All membership applications must be received by 5:30 p.m., Friday, April 22, 2005, in order to be eligible to receive a ballot for voting in the Association election.

Full Name (**please print**)

RESIDENCE Address or Street, Lot, Block and Subdivision

City State Zip

Home Phone Number

MAILING Address (**If different than above**)

City State Zip

Work Phone Number

_____/_____/_____
Signature of Member (**REQUIRED**) Date

Attestation: By signing this application, I affirm: I am an adult (18 years or older) and a resident of the Matanuska-Susitna Borough (for voting membership). I am enclosing my check or money order for \$5 made payable to VHA, Inc. for my January 1 through December 31, 2005 membership.

Please mail application and check to:

Registrar
Association Membership
P.O. Box 1025
Palmer, AK 99645-9974

NOTE: This P.O. Box 1025 is for membership applications, ballots and board applications only. Please do not enclose any other business in this envelope, i.e. patient billings. For questions regarding this application or for additional applications, call 352-2863. Information in this application may be made public in accordance with applicable state and federal laws and the Valley Hospital Association Bylaws.

If there is a special meeting of the members held prior to the annual meeting, in accordance with Article V, Section 3 of the VHA Bylaws, only those persons who have paid their 2005 membership dues will receive notice of, and be able to vote at the special meeting.

Valley Hospital Association Membership Criteria

Voting General Membership Eligibility Criteria:

- Must hold Mat-Su Borough residency (determined by voter registration and/or residence address within the Borough)
- Must be 18 years of age or older
- Must submit completed membership application and pay \$5 fee per calendar year (January 1 through December 31)

Nonvoting Associate Membership Eligibility Criteria:

- Must be 18 years of age or older
- Must submit completed membership application and pay \$5 fee per calendar year (January 1 through December 31)

To be eligible to vote in the 2005 Valley Hospital Annual Association Election, valid membership applications must be received by 5:30 p.m., April 22, 2005. Associate members have no right to vote, except that associate members who are employees or contract employees of the LLC or the Corporation who work a minimum of 25 hours per week and reside in Alaska may, during the time of such employment, exercise the vote of a general member. Applications with errors and/or omissions will be considered invalid and will be returned without being processed. Incomplete applications with errors and/or omissions include, but are not limited to, the following:

1. Illegibility
2. More than one name
3. No fee enclosed
4. No signature
5. Incomplete Residence or Mailing Address