



Barton HealthCare System

* Association Membership Form

- Membership & Recognition Name: _____
- Phone:(_____) _____ Email: _____
- Address: _____
- City: _____ State: _____ ZIP: _____
- Email: _____

Tax receipts and acknowledgements are sent to the name and address above, unless otherwise directed below.

- Other mailing address: _____
- City: _____ State: _____ ZIP: _____

Number of Memberships (votes) at \$1,000 each: (Circle) 1 2 3 4 5

My check for \$1,000 (per vote) is enclosed.

Enclosed is my first Association installment. Bill me for one year:

- Quarterly Semiannually

Please indicate your preference. I direct my contribution to: Foundation Endowment Fund;

Hospital General Fund; Auxiliary General Fund

Charge my Visa/MC/AMEX: # _____ 3-Digit Code: ___ __ _

• Print Name (as on credit card): _____ Amount:\$ _____

• Signature: _____ Expires: _____

* All Board members are required to be Barton Hospital Association members. All community members who wish to have a greater voice and involvement in the hospital should consider joining the Barton Hospital Association. Association membership requires a \$1,000 tax-deductible contribution through the Barton HealthCare System. Each person may purchase a maximum of 5 Association votes.

The benefits of Association membership starts with gaining an active voice in the future of Barton Hospital. Association members are invited to the annual meeting in June where information is shared about what the hospital is currently doing as well as future direction. Association members vote on issues at that meeting. Association members are eligible to run for a board position and vote on the same.

Association Membership requires resident status in either El Dorado or Douglas County for a 2-year period. Memberships can be transferred to anyone at any time. At this time, we are not able to accept memberships from Trusts.

Make your check payable to Barton HealthCare System. Thank you and welcome to the Barton HealthCare System Association family. This membership form should be completed and returned with your contribution to Barton HealthCare System, 2170 South Avenue, South Lake Tahoe, CA 96150.

Additional questions should be directed to Barton Hospital Administration at (530) 543-5840