



Barton Health 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: _____

- My check for \$1,500 is enclosed. *(Please make your check payable to Barton Health.)*
- Charge my Visa/MC/AMEX: # _____ Security Code _____
Print Name (as on credit card): _____ Amount: _____
Signature: _____ Expires: _____

All Board members are required to be Barton Health Association members. All community members who wish to have a greater voice and involvement in the hospital should consider joining the Barton Health Association. Association membership requires a \$1,500 tax-deductible contribution through Barton Health. Each person may purchase a maximum of **one (1)** Association vote.

The benefits of an Association Membership starts with gaining an active voice in the future of Barton Health. 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.

Thank you and welcome to the Barton Health Association family.

This membership form should be completed and returned with your contribution to:
Barton Health, attn: Administration, 2170 South Avenue, South Lake Tahoe, CA 96150.

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