



"Friends Healing Friends"

FALLON  
MEDICAL  
COMPLEX, Inc.

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## **APPLICATION FOR CORPORATE MEMBERSHIP**

As a 501(c)3 nonprofit corporation, Fallon Medical Complex, Inc. (FMC) offers membership to individuals who apply and fulfill the qualifications and criteria established by the Board of Trustees. Interested people must submit an application for membership on a Board-approved form. Corporation members are entitled to attend all membership meetings, in particular, the annual meeting during which time Trustees are elected. They may also participate in transacting any other business that may be brought before the membership.

The period of corporate membership is three years, commencing on the date an individual's application is accepted by the Board of Trustees, and concluding on the third anniversary of that acceptance date. As the expiration date of membership approaches, FMC will make at least one attempt to contact an affected member to offer renewal. FMC shall not be obligated to verify that the member has received the renewal offer or to make multiple attempts to contact them. In all instances, it is each member's sole responsibility to keep their personal contact information up to date.

As of December 5, 2023, payment of dues shall be considered part of the qualifications to be a member and shall be payable in full at the time of application or renewal. If membership is denied or rejected, any dues paid for that membership period shall be returned. Once accepted, dues are non-refundable under any circumstances, and in no event shall the dues be returned, even if membership is terminated. Dues shall be set from time to time by resolution of the Board. The current fee is \$25.00 per year (\$75.00 total) for a three-year membership period. Dues shall be used at the discretion of the Board of Trustees.

Notice of the place, date, and hour of membership meetings shall be provided either through community notice, personally, electronically, or by US mail. Community notice may be accomplished by postings in a local newspaper, a community bulletin board, and/or the facility website, effective on the date of posting or publication as applicable. If mailed, the notice shall be deemed effective upon the date the notice was deposited in the U.S. mail, postage pre-paid and correctly addressed to the members address as set forth on the Corporation's record books.

**(Please keep Page 1 for your records. Complete and submit Page 2 to FMC.)**

**APPLICATION FOR CORPORATE MEMBERSHIP**

I would hereby like to apply to be a member of Fallon Medical Complex, Inc. I certify that I am at least 18 years of age and a resident of Fallon County, Montana or any of FMC's outlying service areas. I also certify that I have an interest in and am willing to support the best interests of health care in FMC's service area and those of Fallon Medical Complex, Inc. I understand that the FMC Board of Trustees reserves the right to reject any applicants who, in their opinion, do not fulfill these requirements.

I further understand that payment of dues shall be considered part of the qualification to be a member and shall be payable in full at the time of application or renewal. **I have included payment of \$25.00 per year (\$75.00 total) for a three-year membership period with this application.**

I am aware that my membership contact information will be stored in a secure location at FMC and that it will not be used or released for any purposes other than those defined in the FMC Corporate By-Laws.

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Today's Date)*

\_\_\_\_\_  
*(Name – Printed)*

\_\_\_\_\_  
*(Mailing Address)*

\_\_\_\_\_  
*(Phone)*

\_\_\_\_\_  
*(City, State, Zip)*

\_\_\_\_\_  
*(E-Mail Address)*

***FOR FMC USE ONLY:***

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\_\_\_\_\_  
*(Date the Application was Received)*

\_\_\_\_\_  
*(Date Approved by the Board of Trustees)*

\_\_\_\_\_  
*(Membership Expiration Date)*