RIVERVIEW HEALTH
Exceptional People. Exceptional Care.

RiverView Healthcare Association
Membership Application Form

Name: _____

Home Address: _____

City/State/Zip: _____

E-Mail: _____

Qualifications of Membership:

I am at least 18 years of age. _____ Yes _____ No

I live in the communities served by RiverView. Thirty (30) mile radius of Crookston, East Grand Forks, Fertile, Red Lake Falls or Roseau, Minnesota. _____ Yes _____ No

Conflicts of Members and/or Immediate Family

If a Member (or an individual in the Member's immediate family) has an employment or independent contractor relationship with a hospital or health system other than the Corporation, the Member shall not vote on, be present at or participate in any meetings, discussions, proceedings or other actions relative to, or review any documents or other information concerning any transaction between the Corporation and any hospital or health system. The Board of Directors may establish by resolution policies and procedures for determining whether a Member (or an individual in Member's immediate family) has an employment or independent contractor relationship with a hospital or health system other than the corporation and for the recusal of any Member with such a relationship.

Are you an employee or contractor of a hospital or health system? _____ Yes _____No

If Yes, please list employer: _____

Are any members of your immediate family**, an employee or contractor of a hospital or health system? _____ Yes _____ No

If Yes, please list:

Name	Relationship	Employer

1. _____
2. _____
3. _____
4. _____

****An "individual in the Member's immediate family" means spouse, parent, child, spouse of a child, brother, sister, or spouse of a brother or sister**.

Note: Only individual memberships are sold. For a couple or a business, each person needs to purchase a membership. A membership is $3.00 for 3 years.

Applicant Signature _____

Please make checks payable to RiverView Healthcare Association.

Submit applications to:

RiverView Healthcare Association
Attn: Cara Hendrickson, Executive Assistant, Administration
323 S. Minnesota Street
Crookston, MN 56716

Amount enclosed $_____ (3.00 per membership)

Membership Approval Date: _____