



Corporate Membership Application

Riverwood Healthcare Center

Aitkin Community Hospital, Inc.

Name _____

Permanent Address _____

City _____ State _____ Zip _____

Temporary Address _____

City _____ State _____ Zip _____

Type of Application (Check one): Initial Renewal

For Administrative Use:

_____ Date approved by Board of Directors

_____ Date Certificate of Membership Issued

- As a Corporate Member, you are entitled to vote at Riverwood's annual meeting. You will also receive a copy of each year's annual meeting minutes.
- Initial Membership is active for five years then renewal is required.
- No Membership Fee Required.

Return form to:

Riverwood Healthcare Center

200 Bunker Hill Drive, Aitkin MN 56431