Finnish-American
Rest Home, Inc.
Assisted Living Facility License # AL4781

1800 South Drive, Lake Worth, FL 33461
Tel. (561) 588 4333, Fax: (561) 588 1190

MEMBERSHIP APPLICATION

_____ _____ _____
Last Name First Name Middle Initial

_____ _____ _____
Street Address City State/Zip Code

BYLAWS: "ARTICLE VIII MEMBERSHIP":

1. "Membership in this Corporation is open to any person or persons of Finnish nationality or descent, including past and present spouses." (Category 1) or
"1A … belonging to a group ethnically related to the Finnish…"(Category 1A) at Board of Directors' discretion case by case.

I belong in Category _____ Spouse in Category_____

"**2A.** Any and all individuals who have elected to $50.00 per year for ten (10) years shall be termed "yearly Members" (Option A)
"a Membership rights are suspended on failure to pay the installment on or by its due date which is annual anniversary of the first payment."
"b. There shall be a grace period of two years in the event of nonpayment of installments with restoration of all rights on full payment of the delinquency."

"**2B.** Any and all individuals who have paid the membership fee of $500.00 shall be Life Members with all rights and privileges thereof including but not restricted to membership on the Board of Directors…" (Option B)

3. Yearly and Life Members shall be entitled to all benefits of the Corporation except that benefits do not include free nursing care, free Rest Home care, medical treatment nor medication nor shall yearly members be eligible for admittance to the Rest Home.

I have read the options and choose option _____. A check for $ _____ is included.

I HEREBY DECLARE THE ABOVE INFORMATION TO BE CORRECT TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT ALL PAYMENTS FOR MEMBERSHIP ARE NON-REFUNDABLE.

_____ _____ _____
Signature Date Accepted by Membership Secretary