

Hospital Letterhead

Edward C. McNamara, Executive Director  
Central MA EMS Corporation  
361 Holden Street  
Holden, MA 01520

Dear Ed,

\_\_\_\_\_ hospital designates the following representatives to serve as corporate members for Central MA EMS Corp:

**Hospital Representative 1**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Hospital Representative 2**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

I understand that these individuals are required to attend the Annual Meeting held on the first Tuesday of May each year and that voting by proxy is not permitted.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title