



Membership Registration Form

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

\$10.00 Annual Membership Fee per person

- ☐ New
- ☐ Renewal
- ☐ Please contact me regarding volunteer opportunities

_____ / _____
Visa or Master Card Number *Expiry*

\$_____ Donation in memory of _____

Total \$_____ enclosed or to process on my credit card.

If you would like us to send a notification card of your donation in someone's memory, please provide:

Name(s): _____

Address: _____
Street City/Prov Postal Code

Return completed form by:
Email to: deanna@chilliwackhospice.org

Mail to: Chilliwack Hospice Society
7112 Vedder Rd, Chilliwack BC V2R 3T6

AGM – Monday. June 17th, 5:00 pm at Chilliwack Hospice Society
(to be a Member In Good Standing membership is due on or before May 17/24)