



Membership Registration Form

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

\$10.00 Annual Membership Fee per person

☐ New

☐ Renewal

_____/_____
Visa or Master Card Number Expiry

\$_____ Donation in memory of _____

If you would like a notification of your donation sent in someone's memory, please provide:

Name (s): _____

Address: _____

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

Please return completed form by email to:

deanna@chilliwackhospice.org

or mail to: Chilliwack Hospice Society

7112 Vedder Road, Chilliwack BC V2R3T6

AGM – Monday June 16th, 5:00pm at Chilliwack Hospice Society
(to be a Member In Good Standing, membership is due on or before May 16th, 2025)