



MEMBERSHIP APPLICATION FORM

Membership Year Jan 1 – Dec 31

As a member you are eligible to:

- Receive our seasonal newsletter
- Notification of ongoing & special events
- Attend the Annual General Meetings
- Vote for the Board of Directors

Name: _____ Date: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Home Phone: _____ Fax: _____ Email: _____

Annual Individual Society Membership \$25.00

Annual Organization Membership (one vote) \$100.00

Annual Associate (non-voting) \$10.00

Students \$10.00

I would also like to include an additional donation of \$_____ in support of Prince George Hospice Society and the compassionate work they do in our community.

Payment Method:

Cash Cheque (payable to Prince George Hospice Society)

Debit Visa MasterCard

Credit Card #: _____ - _____ - _____ Expiry ____ / ____ CVV Code: _____

Name on Card: _____

Signature: _____