



2011 Membership Form

Membership in Shuswap Hospice Society allows you or your organization to:

- ✓ Participate in electing your Board Members;
- ✓ Assist in developing policies and position statements;
- ✓ Attend the Annual General Meeting;
- ✓ Vote at the Annual General Meeting;
- ✓ Add your voice to the Vision and beliefs of Shuswap Hospice Society;
- ✓ Receive our quarterly newsletter;
- ✓ Receive notification of upcoming events

Your membership helps Shuswap Hospice Society.....

- ✓ Support the ongoing development of Hospice Palliative Care in the Shuswap;
- ✓ Make more people aware of our programs and services;
- ✓ Solicit special grants from other organizations and corporations by letting them know we are a viable, volunteer organization.

**Thank You,
Shuswap Hospice Society**

Please clip and return the following information with your \$10 membership fee.



Name _____ Phone _____

Address _____ Email:* _____

City: _____ Postal code _____

I want to receive my newsletter by: (check one) mail email

Membership: **\$ 10.00**
I would like to further support Hospice programs through a donation of: \$ _____
 (a tax receipt will be issued for amounts over \$20)

TOTAL **\$ _____**

**Mail to: Shuswap Hospice Society
Box 967
Salmon Arm, BC V1E 4P1**

• include your email only if you wish to receive your newsletter by email