

ANNUAL MEMBERSHIP FORM



YES, I want to help my community by supporting the **Shuswap Hospice Society**.

Last Name:		First Name:	
Organization:			
Address:			
City:	Province:	Postal Code:	
Phone:		Email:	

Membership Level Options:

Date: _____

<input type="checkbox"/>	\$40.00 / GOLD Membership
<input type="checkbox"/>	\$20.00 / SILVER Membership
<input type="checkbox"/>	\$10.00 STANDARD Membership

All membership levels allow participation in:
AGM board elections, advance notice of events and training, and access to the Hospice lending library.
Regretfully, tax receipts cannot be issued for membership fees.

Add a donation (tax receipt will be issued for donations over \$10.00) Cash Cheque
 \$100.00 \$50.00 \$20.00 Other \$ _____

Total Payment Amount: \$ _____

Please make all cheques payable to the Shuswap Hospice Society. Please do not mail cash.

Return your completed form to:
Shuswap Hospice Society
#4, 781 Marine Park Drive
Salmon Arm BC V1E 2W7

Thank you for your continued support! Your generosity makes the Shuswap Hospice Society possible.