

MEMBERSHIP APPLICATION

Victoria Hospice Society

Phone: (250) 370-8844 | Fax: (250) 370-8843

CONTACT INFORMATION:

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone(s): _____

Email Address: _____

This Application is for a: NEW MEMBERSHIP RENEWAL OF PREVIOUS MEMBERSHIP

MEMBERSHIP FEE STRUCTURE (September 1 st – August 31 st)	
Annual Membership Fee	\$10.00

PAYMENT OPTIONS: (a tax receipt will be issued)

My \$10 cheque is enclosed (Please make cheque payable to Victoria Hospice)

I wish to pay by: VISA MasterCard Cash

Name on Card: _____

Card Number: _____ Expiry Date: _____

Signature: _____

Occasionally, Victoria Hospice sends information about our programs to our members, by mail or by email. You may at any point withdraw your consent by informing Victoria Hospice by phone or in writing. The Society complies with all requirements of the BC Freedom of Information and Protection of Privacy Act (FOIPPA) & Personal Information Protection Act (PIPA).

PLEASE NOTE: Society Bylaw #2.8 states “A person joining the Society for the first time, or a former member who rejoins the Society after a lapse in membership, shall not be entitled to vote at any meeting of the Society or Board which is held within 30 days of the date on which such a person pays the membership dues in effect on the date of joining.”