

MEMBERSHIP APPLICATION

In order to vote at the AGM November 3, 2026, the deadline to submit this form is
October 2, 2026 (per Bylaw #2.8).

Victoria Hospice Society

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

CONTACT INFORMATION:

Name: _____

Address: _____

City: _____

Post Code: _____

Phone(home): _____

Phone(cell): _____

Email Address: _____

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

Annual Membership Fee (per person) : \$10.00

MEMBERSHIP FEE STRUCTURE

As per Bylaw #2.1: One calendar year plus one day from the date of payment of annual dues

As per Bylaw #2.8: 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.

PAYMENT OPTIONS: (a tax receipt will be issued)

I wish to pay by: ☐ Cheque (Please make cheque payable to Victoria Hospice)

☐ VISA

☐ MasterCard

☐ Cash

Name on Card: _____

Card Number: _____

Expiry Date: _____

Signature: _____

Date: _____

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 submit this form by mail at the address below, or by emailing to anna.mclauchlan@islandhealth.ca