



Central Okanagan Hospice Association

202-1456 St. Paul Street, Kelowna, BC V1Y 2E6
Tel (250) 763-5511 Fax (250) 763-5567

Membership Form

Name: _____

Street Address: _____

City: _____ Province: _____ P/C: _____

Phone: (home) _____ (cell) _____

Email address: _____

Type of Membership

- Individual-----\$10.00 New Member
- Family*-----\$15.00 Renewal
- Individual Lifetime -----\$100.00
- Family Lifetime*-----\$150.00

Date Purchased:_____ Expiry Date:_____

*Names of all adults in family who wish to be members (include names below):

Payment Type

- Cash Cheque#_____ Visa MC

Credit Card Number _____ Expiry Date _____

Name Appearing on the Card _____

Authorized Signature _____

Authorization # _____ Date Processed/Received _____

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| <ul style="list-style-type: none"> <input type="checkbox"/> I would like to receive a newsletter via e-mail <input type="checkbox"/> I would like to become a Hospice Volunteer <input type="checkbox"/> I am interested in serving on an Event Committee <input type="checkbox"/> I am interested in serving as a Program Support Volunteer <p style="text-align: center;"><i>Caring for people and their families living with a terminal illness</i></p> |
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