



200 -1890 Cooper Rd., Orchard Plaza, Kelowna, BC V1Y 8B7  
Tel (250) 763-5511 Fax (250) 763-5567 hospice@hospicecoha.org

**Membership Form**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ P/C: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ Email address: \_\_\_\_\_

*Members will receive a semi-annual Member Newsletter in November and May*

**Type of Membership**

- |   |  |
|---|--|
| <input type="checkbox"/> Individual ----- \$10.00           | <input type="checkbox"/> New Member only |
| <input type="checkbox"/> Family* ----- \$15.00              | <input type="checkbox"/> Renewal         |
| <input type="checkbox"/> Individual Lifetime ----- \$100.00 |  |
| <input type="checkbox"/> Family Lifetime* ----- \$150.00    |  |

Date Purchased: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

\*Names of all adults in family who wish to be members: \_\_\_\_\_

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**Payment Type (for office use only)**

- Cash/Debit     Cheque# \_\_\_\_\_     Visa     MC

Credit Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Name Appearing on the Card \_\_\_\_\_ CVC \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Authorization # \_\_\_\_\_ Date Processed/Received \_\_\_\_\_

<input type="checkbox"/> I would like to become a Volunteer  <input type="checkbox"/> I am interested in learning more about ways to give to COHA
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