



**Membership Form**

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

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

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

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

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

**Type of Membership**

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

Expiry date: \_\_\_\_\_

**Renewal**

**New Member**

**Individual Annual**----- \$10.00

**Individual Lifetime** ----- \$100.00

**Family Annual\***----- \$15.00

**Family Lifetime\*** ----- \$150.00

**\*Names of all adults to be included within family membership:**

\_\_\_\_\_  
\_\_\_\_\_

**I am interested in learning more ways to give to COHA**

**I would like to volunteer with COHA**

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**Payment Type**

**Cash**    **Debit**    **Cheque**    **Visa**    **MC**

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

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

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

Authorization # \_\_\_\_\_ Date Processed \_\_\_\_\_



Central Okanagan Hospice Association

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