

North Shore Hospice Society

Application for Membership

Name: _____

Street Address: _____

City: _____

Postal Code: _____

Phone Number(s): home _____ work _____ cell _____

E-mail address: _____

Membership dues* are as follows (please check one):

Annual: \$25.00

Seniors Annual (65+): \$15.00

Lifetime: \$125.00

Please mail your completed application form, and enclose a cheque in the appropriate amount to:

North Shore Hospice Society
P.O. Box 54019
1562 Lonsdale Avenue
North Vancouver, BC
Canada V7M 3L5

Thank you for your support of the North Shore Hospice Society and our support of palliative care programs and patients on the North Shore.

*Charitable Donation Tax receipts will be issued for membership dues paid.