



Membership Registration

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

\$10.00 Annual Membership Fee per person

- New
- Renewal

\$_____ Donation for the work of Chilliwack Hospice Society

\$_____ Donation in memory of _____

Total \$ _____ enclosed.

Please mail notification card to:

Name: _____

Address: _____

Please contact me with training or volunteering opportunities.

Mail or drop off to:

Chilliwack Hospice Society
45360 Hodgins Avenue
Chilliwack, BC V2P 1P5

**AGM – Thursday June 18th, 5:00 pm at CHS’s Rotary Hospice Centre
(to be a Member In Good Standing membership is due on or before May 15/15)**