



**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:

Chilliwack Hospice Society  
7112 Vedder Rd  
Chilliwack, BC V2R 3T6

**AGM – Thur. June 13<sup>th</sup>, 5:00 pm at Chilliwack Hospice Society  
(to be a Member In Good Standing membership is due on or before May 11/18)**