



MEMBERSHIP APPLICATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: BC POSTAL CODE: _____

EMAIL: _____ TEL: _____

Please confirm the following:

I am a permanent resident on Tsawwassen Lands or in the city of Delta, British Columbia (please attach proof of residency and age with 2 current documents such as: a B.C. Personal Health Services Card, a B.C. driver's licence, utility and/or cell phone bills, or statements of accounts showing you are living at that address) NOTE: Membership Renewals only require proof of current address.

I am over the age of 19 years.

I agree to abiding by the constitution and bylaws of Heron Hospice Society of Delta

I am applying for:

Heron Hospice Society of Delta Annual Membership - \$25.00 per year

Renewal of my Annual Membership - \$25.00 per year

Please find my membership fee of \$25.00 enclosed. Cheques payable to Heron Hospice Society of Delta.

I'm also enclosing a donation in the amount of \$_____. A tax receipt will be sent via email.

Signature

Date

**Please send your completed form and confirmation of Delta or Tsawwassen Lands residency and age to:
Heron Hospice Society, 4631 Clarence Taylor Crescent, Delta, BC, V4K 4L8**

For office use only:

____ Cash

____ ID confirmed

____ Donation entered

____ Cheque

____ Renewal Date

____ Data Entry