



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 \$\_\_\_\_\_.**

Unfortunately, we are unable to provide tax receipts at this time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please send your completed form and confirmation of Delta or Tsawwassen Lands residency and age to:  
Heron Hospice Society, Unit 283, 5148 48<sup>th</sup> Avenue, Delta, BC V4K 5B6**

For office use only:

\_\_\_\_ Cash

\_\_\_\_ ID confirmed

\_\_\_\_ Donation entered

\_\_\_\_ Cheque

\_\_\_\_ Renewal Date

\_\_\_\_ Data Entry