



Po Box 217, New Denver, BC V0G 1S0
250 358 7828

Membership Information

Name _____ Date _____

Mailing address _____ P.O. Box _____

Community _____ Postal Code _____

Cell _____ preferred _____ Landline _____ preferred _____

Email address: _____

Would you be interested in becoming a:

Board member _____

Hospice Volunteer _____

Event volunteer _____

Member only _____

None of the above _____

Membership fee: \$10.00 paid by: cash _____ cheque _____ ch# _____

Donation: amt _____ paid by: cash _____ cheque _____ ch# _____

Please mail cheques to the address payable to: The New Denver Hospice Society.

Tax receipts will be mailed to your mailing address for donations over \$25.

Memberships support Hospice Services with no obligation.
Hospice is in gratitude to the community for their continued support.
Thank you!