

## 2014 MEMBERSHIP APPLICATION FORM

### WHITE ROCK SOUTH SURREY HOSPICE SOCIETY

15510 Russell Avenue, White Rock, BC V4B 2R3 Ph: 531-7484 Fax: 531-8101

email: [contactus@whiterockhospice.org](mailto:contactus@whiterockhospice.org) [www.whiterockhospice.org](http://www.whiterockhospice.org)



☐ Please accept my membership dues of \$20.00 (January 1<sup>st</sup> - December 31<sup>st</sup>).

\*Membership DOES NOT require a volunteer commitment.

☐ I would also like to include an additional donation of \$\_\_\_\_\_ in support of  
White Rock South Surrey Hospice Society and the compassionate work they do in our community.

☐ My donation and/or membership **cheque** is enclosed.

☐ VISA    ☐ MASTERCARD

#: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

Expiry date: \_\_\_\_ - \_\_\_\_

Name on card: (Please print) \_\_\_\_\_

Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email address (optional): \_\_\_\_\_

Registered Charitable #: 11929 7513 RR0001

*Tax receipts will be issued for memberships/donations of \$20.00 or more.*