



Delta Hospice Society
comfort, meaning, dignity and hope

MEMBERSHIP APPLICATION

Name _____ Date _____

Mailing Address _____ Postal Code _____

Phone Number _____ Email _____

I have enclosed my \$10 annual membership fee (*Regretfully, tax receipts cannot be issued for membership fees.*)

By making application to be a Delta Hospice Society member, I support the work of Delta Hospice Society to provide hospice palliative care, as defined by the World Health Organization.

Thank you for supporting the Delta Hospice Society!

4631 Clarence Taylor Crescent, Delta, BC V4K 4L8

Phone: 604.948.0660 Fax: 604.948.0651 Email: info@deltahospice.org Web: www.deltahospice.org

Office record:

Member fee processed _____

Link to Donation _____

D/B record completed _____

Member package mailed _____

\$ _____ Cash Cheque

\$ _____ Cash Cheque

Anniversary month _____

New Renewal

Charitable Registration BN 132728536RR0001