



MEMBERSHIP FORM

Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Telephone: _____ E-mail: _____

The Burnaby Hospice Society (BHS) is committed to protecting the privacy our members. The information collected on this form will be used for the purposes of administering your membership in the Society, including tax receipting, notices and statistical purposes. The information will also be used to send you information about the Burnaby Hospice Society (e.g. newsletters, upcoming events, Society program updates, etc) unless you select the opt-out option below. Your information will not be sold, rented or bartered to any other organizations. You may withdraw consent for future use of your information at any time by contacting info@burnabyhospice.org.

Please do not send me information about the Society

I would like to join as a member:

\$20.00 - Annual individual membership

The fee is a hardship. Please waive. Approved _____

I would like to make an additional tax-receiptable contribution of:

\$10.00 \$20.00 \$50.00 \$100.00 Other _____

Enclosed is a cheque for: _____

Please return to:
Burnaby Hospice Society
4535 Kingsway, Burnaby BC V5H 0E5
Phone: 604.520.5087 Fax: 604.299.7910

Thank you for joining as a member of the Burnaby Hospice Society