



Application for Membership 2020/21

Name: _____

Address: _____

Phone Number: _____

Email: _____

I wish to become a member. Enclosed is my payment of \$20.00 for membership period of February 1, 2020 to January 31, 2021.

By submitting this application I agree to honour the Bylaws, Policies and Procedures of the Red Deer Hospice Society.

Signature: _____

Payment Method: ___ Cash or Cheque ___ Visa ___ MasterCard

Credit Card Number: _____

Expiry Date: _____ CSV# _____

Name Appearing on Card: _____

**Submit to: Red Deer Hospice Society, 99 Arnot Avenue, Red Deer, AB T4R 3S6
Phone 403-309-4344 for more information**

I would like to receive the Hospice newsletter via e-mail

I would like to be a Hospice Volunteer (our Volunteer Coordinator will contact you)

The information is being collected in accordance with the *Societies Act*, R.S.A. 2000, c. S-14

For further information email: executivedirector@reddeerhospice.com