



MEMBERSHIP APPLICATION

APRIL 1, 2017 TO MARCH 31, 2018

I _____, hereby confirm that I wish to be a member of Hospice King-Aurora (HKA). I subscribe to the philosophy of hospice palliative care, acknowledge the goals and objectives of Hospice King-Aurora and agree to the by-laws of the corporation.

I also confirm that I have met the following membership criteria:

I am over 18 years of age and have:

provided HKA with at least 10 hours of volunteer between April 1, 2016-March 31, 2017

and/or

made a donation of \$100.00 or more to HKA between April 1, 2016-March 31, 2017

I acknowledge that this membership is in effect for one fiscal year (April 1, 2017 to March 31, 2018) and will be automatically renewed if I continue to meet the above criteria.

The benefits of membership include receiving newsletters and other information from Hospice King-Aurora, notification of and a vote at the Annual General Meeting, a reduced rate at hospice events and educational opportunities (where applicable) and other benefits as may be determined by the Board of Directors.

Signature

Date

Street Address

City

Postal Code

City

Postal Code

Email

Telephone

Kindly print and sign this form, and deliver to Hospice King Aurora by either:

- Postal mail
- Hand delivery
- Scan and email
- Fax