



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 Constitution and Bylaws of the Society**

**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](mailto:info@deltahospice.org) Web: [www.deltahospice.org](http://www.deltahospice.org)

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*Office record:*

Member fee processed \_\_\_\_\_

\$ \_\_\_\_\_  Cash  Cheque

Link to Donation \_\_\_\_\_

\$ \_\_\_\_\_  Cash  Cheque

D/B record completed \_\_\_\_\_

Anniversary month \_\_\_\_\_

Member package mailed \_\_\_\_\_

New  Renewal

Charitable Registration BN 132728536RR0001