



Delta Hospice Society
comfort, meaning, dignity and hope

MEMBERSHIP APPLICATION

Name _____ Date _____

Mailing Address _____ Postal Code _____

Phone Number _____ Email _____

\$10 annual membership fee can be paid via this secure link [PAY HERE LINK](#) For Invoice # please put "Membership"

**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!

Email completed form to board@deltahospice.org

4631 Clarence Taylor Crescent, Delta, BC V4K 4L8 Phone: 604.948.0660 Fax: 604.948.0651

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