



MEMBERSHIP APPLICATION

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, 2014-March 31, 2015

and/or

made a donation of \$100.00 or more to HKA between April 1, 2014-March 31, 2015

I acknowledge that this membership is in effect for one fiscal year (April 1, 2015 to March 31, 2016) 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.

Date _____

Signature _____

Print Name _____

Address _____

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

Thank you for your support