



Alberni Valley Hospice Society



Operators of Ty Watson House

MEMBERSHIP APPLICATION FORM

CONTACT INFORMATION:

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone(s): _____

Email Address: _____

One piece of contact information must be listed for each member on the official Member Register, which may be provided to other Society members under special circumstances as required by the *Societies Act*.

By default, we list email address if available, or phone number.

You may choose which information you would like listed for you: Email Phone Mailing Address

This application is for a: NEW MEMBERSHIP RENEWAL OF PREVIOUS MEMBERSHIP

MEMBERSHIP FEE STRUCTURE	
(April 1 - March 31)	
Annual Membership Fee	\$10.00

Occasionally, Alberni Valley Hospice sends information about our programs to our members, by mail or by email. You may at any point withdraw your consent by informing Alberni Valley Hospice Society by phone or in writing. The Society complies with all requirements of the BC Freedom of Information and Protection of Privacy Act (FOIPPA) & Personal Information Protection Act (PIPA).

PLEASE NOTE: Society Bylaw #2.4 and 2.5 state:

2.4: A person may apply to the directors for membership in the society and on acceptance by the directors is a member.

2.5: A person joining the society, or a former member who again joins the society, shall not be entitled to vote at any meeting of the society which is held within one month of the date the required contribution is paid.

Your application will be reviewed at the next meeting of the board of directors.

On acceptance, membership fees will be due.