

I _____, hereby confirm that I wish to be a member of Hope House Community Hospice (HHCH). I subscribe to the philosophy of hospice palliative care, acknowledge the goals and objectives of HHCH 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:

I have provided HHCH with at least 10 hours of volunteer between April 1, 2023-March 31, 2024 and/or

I have made a donation of \$100.00 or more to HHCH between April 1, 2023-March 31, 2024

I acknowledge that this membership is in effect for one fiscal year (April 1, 2024 to March 31, 2025)

The benefits of membership include receiving newsletters and other information from HHCH, notification of and a vote at the Annual Meeting of members and other benefits as may be determined by the Board of Directors.

Signature (*type in name*)

Date

Street Address

City

Postal Code

City

Postal Code

Email

Telephone

Kindly fill out this form and email to: events@hopehousehospice.com at least 48 hours prior to meeting for new members and prior to meeting for renewing members.