

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:

provided HHCH with at least 10 hours of volunteer between April 1, 2020-March 31, 2021
and/or

made a donation of \$100.00 or more to HHCH between April 1, 2020-March 31, 2021

I acknowledge that this membership is in effect for one fiscal year (April 1, 2021 to March 31, 2022) and will be automatically renewed if I continue to meet the above criteria.

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

Signature

Date

Street Address

City

Postal Code

City

Postal Code

Email

Telephone

Kindly print and sign this form, and deliver to Hope House Community Hospice by either:

- Postal mail (see below)
- Scan and email (events@hopehousehospice.com)
- Fax (905-727-1134)