



Quesnel & District Hospice Palliative Care Association

BOX 4537, QUESNEL, BC, V2J 3J8

PH: 250-985-5816 FAX: 250-992-5216

www.QDHPCA.org

Annual Membership

Date: _____

Individual Name: _____

Address: _____

Phone number(H): _____

Phone number (C): _____

Email Address: _____

I would be interested in volunteering for Events & Fundraisers Yes No

I am interested in becoming a Hospice Palliative Care volunteer Yes No

I would be interested in sitting on the Board Yes No

I hereby make application to the Quesnel & District Hospice Palliative Care Association. With this membership, I support the work done by the association as it strives to provide quality care to those living with a life-threatening illness and those suffering from bereavement. I will be entitled to vote at society meetings. As per the Societies Act of BC (2016), I am willing to submit a Criminal Records check as a condition of becoming a member of the Quesnel & District Hospice Palliative Care Association.

Membership Fees (\$10/year)	Receipt # _____
<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque (Payment is made to <u>Q&DHPC Association</u>)
	<input type="checkbox"/> E-transfer (Email: gdpcquesnel@outlook.com)

Making the Road Less Lonely

All proceeds raised by the QDHPCA stay in Quesnel

Registered Charity #119107753 RR0001