



ph 250.503.1800
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 www.nohs.ca

MEMBERSHIP APPLICATION FORM

Membership Year April 1, 2017 - March 31, 2018

New **Renewal**

Voting : any person 19 years of age or older who is not an associate member

Associate (non-voting) : an employee or contractor of NOHS (North Okanagan Hospice Society) or; a corporation or association that supports the goals of the society (must appoint and include information for the authorized representative).

Name: _____ Date: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Home Phone: _____ Business Phone: _____

Email: _____ I prefer to be contacted by: Mail Email

Please indicate with your signature that you consent to having official Society notices sent to you by email.

Signature: _____

Membership Fee = \$10.00

I would like to further support Hospice Programs through a donation of: \$500 \$250 \$100 Other

Payment Method:

Cash Visa MasterCard Cheque (payable to North Okanagan Hospice Society)

Credit Card #: _____ - _____ - _____ - _____ Expiry Date ____ / ____ \$ _____.

Name on Card: _____

Signature: _____

Please complete this form and return with payment via regular mail,

I am interested in volunteering for the following:

Office Support House/Yard Maintenance Client Volunteer Fun Special Events

Thank you for supporting quality end-of-life care in the North Okanagan.
 Charitable Registration Number: BN 108170648RR0001



Protecting Your Privacy is Our Concern

We are committed to maintaining your privacy and have policies regarding how your personal information is handled.

What information do we collect from members?

Your membership file contains the following personal information:

- Name, address, telephone number and email address.
- Interest in volunteering for NOHS.
- Financial information which is used only as directed.

How do we use membership information?

- For contact purposes when necessary
- To forward information about NOHS and the Annual General Meeting

How do we ensure the security of your personal information?

- Paper records that are no longer needed are shredded.
- Electronic records are protected by limited access, passwords and fire-walls.
- We do not disclose your personal information without your consent.

How to update/modify information?

You have the following options for changing your information or for opting out of receiving information:

- Email: leslie@nohs.ca
- Phone: 250.503.1800, extension 103
- Fax: 250.503.1844
- Mail: 3506-27th Avenue, Vernon, BC, V1T 1S4, att: Leslie Harvey, Financial Officer