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**MEMBERSHIP APPLICATION FORM**

*Membership Year April 1, 2018 - March 31, 2019*

**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](mailto:leslie@nohs.ca)
- Phone: 250.503.1800, extension 103
- Fax: 250.503.1844
- Mail: 3506-27<sup>th</sup> Avenue, Vernon, BC, V1T 1S4, att: Leslie Harvey, Financial Officer