



North Okanagan  
*Hospice Society*

ph 250.503.1800  
fax 250.503.1844  
3506 27th Avenue  
Vernon, BC V1T 1S4  
info@nohs.ca  
www.nohs.ca

**MEMBERSHIP APPLICATION FORM**

*Membership Year April 1, 2021 - March 31, 2022*

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:**

\$100  \$250  \$500  Other \$ \_\_\_\_\_  Monthly \$ \_\_\_\_\_

**Payment Method:**

Cash  Credit Card  Cheque  (payable to North Okanagan Hospice Society)

Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiry Date \_\_\_\_ / \_\_\_\_ \$ \_\_\_\_\_

Name on Credit 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  Fundraising

**Thank you for supporting quality end-of-life care in the North Okanagan.**

Charitable Registration Number: BN 108170648RR0001

*Our Mission:*

*Quality end of life care for all in the North Okanagan.*



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## **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, NOHS fundraisers and the Annual General Meeting

### **How do we ensure the security of your personal information?**

- Paper records are stored securely, and shredded when no longer needed.
- 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: [Eileen@nohs.ca](mailto:Eileen@nohs.ca)
- Phone: 250.503.1800, extension 103
- Mail: 3506-27<sup>th</sup> Avenue, Vernon, BC, V1T 1S4, Attn: Eileen Wang, Financial Officer