



VOTING MEMBERSHIP APPLICATION

Name: _____

Address: _____

City: _____

Postal Code _____

E-mail: _____

Home Ph. # () _____

Bus. Ph. # () _____

Cell: _____

I/We would like to support the mission and services of **Hospice Georgina** by becoming a voting member.

I am already a member.

I/We have made a donation to Hospice Georgina of \$10 or more within the last 12 mos.

Enclosed is my/our membership fee of \$10.00/person.

Enclosed is my/our donation of \$_____

DATE: _____ SIGNATURE: _____

Please Note

A member in good standing is entitled to one vote on each question arising at any special or general meeting of the Members from April 1- March 31. Voting memberships must be paid for prior to the start of the Annual General Meeting in order to vote.

Please drop off, mail or fax to: **Hospice Georgina**
152 High Street, P.O. Box 721,
Sutton West, ON L0E 1R0
Phone: 905-722-9333 Fax: 905-722-0208

Donation Made: _____ (Date)	FOR OFFICE USE Verified By: _____ (Hospice staff)
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