



2024 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.

- Enclosed is my/our membership fee of \$20.00/person.
- E-transfer of \$20.00/person has been made to caring@hospicegeorgina.com
- 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, 2024 - March 31, 2025. Voting memberships must be paid for prior to the start of the Annual General Meeting in order to vote.

Please email admin@hospicegeorgina.com:

Hospice Georgina

The LINK, 20849 Dalton Rd. Box 721,
Sutton West, ON L0E 1R0
Phone: 905-722-9333 ext 5502

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

www.hospicegeorgina.com

admin@hospicegeorgina.com