



ANNUAL MEMBERSHIP APPLICATION

I wish to be a CVHS Member - Membership Fee is \$20 per year

I am a volunteer with CVHS - Membership Fee is \$20 per year

I wish to become a volunteer

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email Address: _____

Please be advised all members of the Comox Valley Hospice Society (CVHS) are required to secure written permission from a CVHS authorized signatory prior to verbally or in writing implying CVHS endorsement of any program or event.

Signature : _____

CONTACT

Phone: 250-339-5533

Fax: 250-871-5063

MAILING ADDRESS

102 – 1509 Cliffe Avenue, Courtenay, BC V9N 2K6

OFFICE HOURS

Monday to Friday 9:00am - 3:00pm