

**HOSPICE KINGSTON INC.
APPLICATION FOR MEMBERSHIP**

NAME: _____

ADDRESS: _____

TELEPHONE: _____ **BUS:** _____ **EMAIL:** _____

FAX: _____

Membership category requested:	Patron	_____	\$500.00
	Corporate	_____	\$200.00
	Individual	_____	\$ 25.00
	Senior/Student	_____	\$ 15.00

The following are true as of the date of my application to be a member of the Corporation:

I am eighteen years of age or older	Yes	_____
I am a senior/student	Yes	_____
I am a Canadian Corporation	Yes	_____

Signature: _____ (Individual)

_____ (Authorized signing Officer of Corporation)

The benefits of membership:

- (1) Membership is for one calendar year.
- (2) Attend and vote at the Annual General Meeting.
- (3) You are eligible for election to the Board of Directors (if an individual)
- (4) You receive our newsletters and other communications.
- (5) You will meet and get to work with a committed group of people.

The responsibilities of membership are that you agree to abide by the By-Laws and

other relevant policies and procedures as these may be amended from time to time, which you indicate by your signature below.

Signature: _____

AREAS OF INTEREST OR SPECIAL SKILLS
