



# Squamish Hospital Foundation

## General MEMBERSHIP Form

**Member Name:** \_\_\_\_\_

New member

Renewing member

**Address:**

Street No. Street name: \_\_\_\_\_

PO Box : \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

**Phone:** \_\_\_\_\_ (home) \_\_\_\_\_ (work/mobile)

**Email address:** \_\_\_\_\_

Specific interests for volunteering

General Member or Member on a committee

Board of Directors on committees; Fundraising, PR, Finance, Governance, Nominating, HR

Member volunteer with Golf Tournament or Other functions or activities.

Position \_\_\_\_\_

Membership fee: \$5.00 Method of Payment: Cash \_\_\_\_ Cheque \_\_\_\_ Credit Card \_\_\_\_