



PO Box 880, Stettler AB T0C 2L0
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www.stettlerhospice.org



Membership Form

Date: _____

Name: _____

Address: _____

Town: _____

Postal Code: _____

Best phone number to reach you at: _____

Secondary phone number if applicable: _____

Email: _____

Your membership includes:

- ✓ First option to purchase tickets for Society events
- ✓ Notification of Society General Meetings
- ✓ Rights to speak at Society General Meetings
- ✓ Exercise other rights and privileges given to Members in the Bylaws
- ✓ Entitled to 1 vote at Annual General Meetings and Special General Meetings

Membership fees are \$30.00 / year, renewed at the AGM in March of each year