

O Copy of payment to FinanceO Send receipt to card holder

Surrey Hospice Society

#209 - 8236 128 St Surrey, BC V3W 4G2 Phone: 604-584-7006 Fax: 778-591-9180 www.surreyhospice.com

Membership Application and/or Renewal Form

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		CONTACT IN	FORMATIC	N	
First Name			Last Name		
Address		City		Province	Postal Code
Email			Phone		
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Membership Type					
☐ New Membership (\$25)	☐ Membersh				
		PAYMENT IN	FORMATIC	DN	
Amount Paid					
\$					
Payment Method					
☐ Cash ☐ Cheque	□ Visa	☐ MasterC			
Cool Noveles	C	REDIT CARD I	NFORMAI	ION	
Card Number					
Expiry Date (MM/YY)	Card Verification	n Code (CVC)	Card Ho	lder's Name	
Expiry Date (MM/YY) Card Verification Code (CVC)		Cara Holder 3 Name			
	ADMINISTRAT	TION (FOR AD	MINISTRA	TION USE ONLY)	
GL Code				Payment Processo	r
4510				•	
Notes:					
Signature			Date (DD/MM/YYYY)		
OFFICE USE ONLY:					
O Payment processed: By	y:				
O Guests entered onto Me	embership List				