



**Kamloops Cancer
Supportive Care Society**
SUPPORTING YOU

KAMLOOPS CANCER SUPPORTIVE CARE CENTRE SOCIETY

Society Membership Application

First Name: _____ **Last Name:** _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Phone Number: _____ **E-Mail:** _____

Birth Year (optional): _____

Have you or a family member been impacted by cancer? Yes / No

I would like to receive quarterly updates from KCSCS via email. Yes / No

I am interested in volunteering on a KCSCS committee or event. Yes / No

I am interested in applying to serve on the KCSCS board of directors. Yes / No

TERMS:

Membership term will be two years from the date below and may be renewed at the mutual agreement of the Member and the Board of Kamloops Cancer Supportive Care Centre Society.

The membership fee is \$10 per two-year term.

MEMBER STATEMENT:

I support the purpose of KCSCS: *To provide or facilitate access to supportive care services for adults affected by cancer in the Kamloops region.*

I understand that the Society is obliged to hold an annual general meeting and I have the right to participate in the election of directors and to approve the year end financial statements, provided that my membership is in good standing.

My \$10.00 cheque for my membership fee, made payable to Kamloops Cancer Supportive Care Centre Society, (KCSCC) is enclosed / attached.

Signature: _____ **Date:** _____

Kamloops Cancer Supportive Care Society, c/o 1091 Little Shuswap Lake Road, Chase BC V0E 1M2
Info@KamCancerSupport.ca
For inquiries contact: Janice MacDonald 778-220-0031 or Ann McCarthy 250-851-6592