



TEL: 250-675-3661

South Shuswap Health Services Society  
Located #10 2417 Golf Course Drive  
Blind Bay, BC, V0E 1H2

Email: [sshealthss@gmail.com](mailto:sshealthss@gmail.com)

2024 ANNUAL MEMBERSHIP FORM

WEBSITE: [www.sshss.ca](http://www.sshss.ca)

SUPPORT COPPER ISLAND HEALTH & WELLNESS CENTRE

YES, I want to help my Community by supporting the

South Shuswap Health Services Society.

January 1, 2024 to December 31, 2024

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Membership Application/Renewal

<input type="checkbox"/>	<b>\$20.00 Person</b> (Regretfully, tax receipts cannot be issued for Membership Fees)
<input type="checkbox"/>	<b>\$35.00 Family</b> (Regretfully, tax receipts cannot be issued for Membership Fees)

Make a Donation

I would also like to make a donation of  \$10.00  \$20.00  \$50.00  Other \$ \_\_\_\_\_

Charitable receipts will be issued for donations of \$10 and up.

Total Payment Amount: \$ \_\_\_\_\_  Cash  Cheque

I would like to Volunteer  Office Reception  Health Services  Fundraising  Advertising/Marketing

I would like to serve as a Director

DATE PAID \_\_\_\_\_

Enclosed is my cheque or money order made Payable to **South Shuswap Health Services Society**.  
Please do not mail Cash

Mail Your Completed Form to: South Shuswap Health Services Society  
#10 2417 Golf Course Drive  
Blind Bay, BC V0E 1H2

**Thank You! Your Generous Support Is Appreciated!**