



TEL: 250-675-3661

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

Email: sshealthss@gmail.com

2026 ANNUAL MEMBERSHIP FORM

WEBSITE: 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, 2026 to December 31, 2026

Last Name: _____ First Name: _____

Organization: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Membership Application/Renewal

	\$20.00 Person (Regretfully, tax receipts cannot be issued for Membership Fees)
	\$35.00 Family (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 \$25 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!