

Become a Member of the InspireHealth Society

InspireHealth is a not-for-profit supportive cancer care organization approved by the BC Ministry of Health. Since 1997, we have provided programs and services to enhance quality of life, health and well-being of people living with cancer and their families.

Our cancer rehabilitation services support and educate people during and after cancer treatment. We offer practical and personalized exercise therapy, stress management, nutrition and counselling services.

What does it mean to become a Society Member?

Becoming a member of the InspireHealth Society is a means of showing your support in the organization and achieving our vision of a world free of cancer. At the Board of Director's discretion, membership is available to all individuals who share the values of the Society and who are interested in supporting the organization.

2019-2020 Membership Benefits:

- Voting rights at InspireHealth Society's Annual General Meeting (September, 2019)
- Receive InspireHealth Monthly Newsletter, quarterly Research Updates and Annual Report
- Influence the direction of InspireHealth's future
- Receive early notification of important InspireHealth information

Please note that memberships are valid from April 1, 2019 to March 31, 2020 and must be renewed annually. To be eligible to vote at the 2019 AGM, membership forms and payment must be submitted by July 12, 2019.

Become a member today!

First Name: _____ Middle Name: _____ Last Name: _____

Street Address: _____ City: _____ Prov: _____ Postal Code: _____

Affiliation with InspireHealth (check all that apply):

- Current / Past Patient
- Current / Past Support Person
- Donor / Sponsor
- Healthcare Professional / Colleague



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Why are you interested in becoming a member of the InspireHealth Society? _____

Occupation: _____

Are you willing to be contacted regarding

- Volunteering
- Potential Board of Directors Membership
- Focus Groups
- Giving Opportunities at InspireHealth

Please select all that apply

Charitable Donation

I would like to support InspireHealth programs by making a **charitable donation** in the amount of \$_____
Charitable Registration #108 103 920 RR0001. An official Tax Receipt will be issued for donations of \$20 or more.

Payment

Membership Fee: \$10 + Donation: \$_____ = Total Payment of: _____

Payment Method: Cash Credit Card Cheque (*Payable to InspireHealth Society*)

Credit Card # _____

Name on Card: _____

Expiry Date: _____

Please note: Society Membership fees are not eligible for tax receipting.

For the InspireHealth Society Privacy Policy, please visit our website at <https://www.inspirehealth.ca/privacy/>

Please Return Your Application To:

InspireHealth Society
#200-1330 West 8th Avenue, Vancouver, BC V6H 4A6
info@inspirehealth.ca

Thank you for Supporting InspireHealth Society!

108 103 920 RR0001

