



Hospice
of the
Calumet
Area

Cherishing Life

Friends of Hospice Membership Form

Date: _____

Circle one: New or Renewal

Name: _____

(Please print as you wish to appear in membership directory.)

Address: _____

City: _____ State: _____ Zip: _____

Home Number: _____

Cell Number: _____

Will you accept text messages for event reminders? : _____

Email: _____

Preferred Method of Contact: _____

Referred by: _____

Please check areas of interest:

I am interested in holding an office

Art & Garden Party Committee

Butterflies in the Park Committee

Cherishing Life Drawing Committee

Calling Tree

Hospice Artisans

Mailing Committee Support

Data Entry / Microsoft Excel

Please submit form and \$25.00 membership dues to:

Hospice of the Calumet Area
600 Superior Avenue
Munster, IN 46321

Please make checks payable to "Friends of Hospice."
Please contact the office at (219) 922-2732 with any questions.