



## 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: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Preferred Method of Contact: \_\_\_\_\_

Referred by: \_\_\_\_\_

Please check areas of interest:

I am interested in holding an office

*Mum's the Word* Committee

Calling Tree

*Seeds of Hope* Committee

Cookie Walk Bakers

Invitation Mailings

Hospice Hustle

Hospice Artisans

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.