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## **Pender Harbour Health Centre Membership Application**

**Please drop off at health centre or mail to the address above with your membership fee – see below**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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

**Telephone Number:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_

**Number of years living in the Pender Harbour area:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Membership Fee: \$5.00 annually.**

**Lifetime Membership Fee: \$50.00**