



## MEMBERSHIP FORM

Request your form at the Charity Offices on  
**Tel: 01205 311222 or by email: [enquiries@butterflyhospice.org.uk](mailto:enquiries@butterflyhospice.org.uk)**

Please complete in capital letters and return your form with chosen payment method to the Charity Offices or one of our retail outlets

I, \_\_\_\_\_ Mr/Mrs/Miss/Other  
(Full Name)

.....  
.....

*hereby apply to become a member of the Company subject to the Memorandum and Articles of Association of The Butterfly Hospice Trust.*

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

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

### Benefits of Membership

We would like to offer you the opportunity to sign up as an annual member of the Butterfly Hospice Trust for £1 per year.

As a member you:

- ◆ Are invited to our Annual General Meeting
- ◆ May vote on any motions put forward at the AGM
- ◆ Are updated on our fundraising events and initiatives

### The Butterfly Hospice Trust

Rowan Way  
Boston  
Lincolnshire  
PE21 9DH

Email:  
[enquiries@butterflyhospice.org.uk](mailto:enquiries@butterflyhospice.org.uk)

Tel: 01205 311222

Full Name (Mr / Mrs / Miss / Other

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email:

\_\_\_\_\_

Phone:

\_\_\_\_\_

### Sign up for:

1 year Membership £1

### Method of Payment

Cash

Debit card

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

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