

APPLICATION FOR MEMBERSHIP OR RENEWAL
HEMLOCK SOCIETY OF SAN DIEGO

(A non-profit tax-exempt 501(c)(3) organization, founded 1987)

____ Enclosed is my check (made to HSSD) to be a
Member of the Hemlock Society of San Diego

12-mth. Membership: ____ Individual \$35 ____ Couple \$56

Life Membership: ____ Individual \$350 ____ Couple \$560

___ I would also like to make a donation. (Names of donors of \$100
or more will be published in our Newsletter. If you'd like to donate
and **not** have your name listed, check ____.)

..... I would like to include the Hemlock Society of San Diego in
my will or trust.*

___ I would like to know how I can help.

Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

*To leave a bequest just add this to your will or trust --

I want to leave \$ _____ or _____% of my estate to:

Hemlock Society of San Diego
Box 34237 / San Diego CA 92163-4237
or call us at 619-233-4418

Mail this application to: HSSD/ Box 34237/ San Diego 92163-4237

Or join using Pay Pal
(HemlockSocietySanDiego.org)

*Thanks for your support for control, dignity and choice at the end of life.
In 2020 we turned 33rd years old!*