

VANCOUVER GENERAL HOSPITAL SCHOOL of NURSING ALUMNAE ASSOCIATION

Annual Membership Fee: \$20.00

Your fee provides support to the: Website, Newsletter, Friendship Committee’s support to members, and office operations

Please Print

Name: _____ Surname at Graduation _____

Graduation: Month _____ Year _____

Address: _____

Apt. Street City Province/State Postal/Zip Code

Phone: Home _____ Cell _____ Email: _____

Please print legibly

IMPORTANT - Please - these choices must be indicated each year

Check how you wish to receive your Newsletter: Email _____ OR Mail _____

Check how you wish to receive communication from the Alumnae office: Email _____ OR Mail _____

Do you want your contact information given to your Class Rep to update Class list? Yes _____ No _____

***** Are you interested in attending a 2023 Fall Function? Yes _____ No _____

Preference: Luncheon _____ OR Tea _____

DONATIONS to the VGH School of Nursing Alumnae Association are greatly appreciated.

Your donations provide support to:

- Education Bursaries to VGH Graduates and Descendants of VGH Graduates
- Archives preservation and storage

MEMBERSHIP Fee: \$ 20.00

Please direct my donation of \$ _____ to: Education Fund

\$ _____ to: Archive Fund

\$ _____ to: General Fund

TOTAL: \$ _____

For Office Use Only

Date received:

DB entry:

Receipt #:

Date receipt issued:

Charitable registration number 89269 4407 RR 001

Payment Options: _____ cheque payable to the VGH School of Nursing Alumnae Association
_____ e-transfer to: vghson99@gmail.com

Canadian Funds preferred

Thank you

TAX RECEIPTS WILL BE ISSUED FOR FEES AND DONATIONS