

MEMBERSHIP DUES

NAME: _____ CLASS YEAR: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE: _____ EMAIL: _____

Y/N I GIVE PERMISSION TO SHARE MY CONTACT INFO WITH OTHER RCH ALUMNAE _____ (INITIAL)

1 Year Membership = \$20.00

Make your cheques payable to "RCH Alumnae"

Mail cheques to Carol Schmidt: 420 Fader Street, New Westminster, BC. V3L 3T1

Contact Carol Schmidt at rchrnalumnae@gmail.com or 778-789-0497