

JOIN THE REGISTERED NURSES FOUNDATION OF BRITISH COLUMBIA
“Support Nursing Education”

NAME: _____

ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

PHONE: _____ E-MAIL: _____

MEMBERSHIP FEES

Individual.....\$50 ()

Patron: Initial.....\$500 () Subsequent annual fee.....\$100 ()

Lifetime Patron:\$5,000 minimum ()

NO ANNUAL RENEWAL FEE

Additional Donation: _____ Total: _____

Please make cheque payable and mail application to:

Registered Nurses Foundation

P.O. Box 33957, 2405 Pine Street Station D, Vancouver, BC, V6J 4L7

Please charge my: VISA \$ _____ MASTERCARD \$ _____

Credit Card Number _____ Expiry Date _____

Signature _____ Date _____

Fees of \$50.00 or more are income tax deductible. Receipts will be issued at the end of the year.