

APPLICATION FOR MEMBERSHIP VGH ALUMNI



DATE

NAME (Maiden first)

CLASS

ADDRESS

PHONE (Land line)

(cell)

EMAIL

WISH TO RECEIVE NEWSLETTER BY EMAIL ----- or POST -----

WORKING

RETIRED

DUES ANNUALLY, JANUARY \$20.00

-payable to: 'VGH ALUMNI'

- Mail to: TREASURER (with form and payment)

1786 E. Jeddore Rd., East Jeddore, NS, B0J 2L0

OR

Via etransfer dues & form to: sjbauld@icloud.com

FURTHER ALUMNI INFORMATION: www.halifaxvghnursesalumni.ca