



Membership Application

Yes, I would like to become a member.

Enclosed is my \$10.00 tax-deductible membership fee.

Full Name
Address
City
Postal Code
Daytime Phone
Evening Phone

Please make cheque payable to "Richmond Caring Place Society" / mail to:

Richmond Caring Place Society Memberships

140 – 7000 Minoru Blvd., Richmond, BC V6Y 3Z5

Thank you for your support and interest.