Membership Form – Application

**Please PRINT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | | |
| **Given name** |  | | |
| **Maiden Name** |  | | |
| **Address** |  | | |
| **Email address** |  | | |
| **Phone/mobile number** |  | | |
| **Please indicate** | | | |
| **RCH hospital trainee group**  **pre 1988** | | |  |
| **RCH Graduate Nurse Program year** | | |  |
| **RCH employee**  Years/ward | | |  |
| **Permission** for your details to be given to reunion organizers | | | Yes\No |
| **Annual fee** | | | $ 25.00 |
| **OR** | | | |
| **Life Membership** | | | $150.00 |
| **Elizabeth Fearon Scholarship fund** | | | $ Optional Donation |
| **Total** | | | **$** |
| **Payment Details** (please tick) | | | |
| ** Cheque/Money Order Enclosed**    Payable to      Membership  RCH LOFT & Assocs. Inc.  P.O Box 7163  Hawthorn North  Vic 3122 | | ** EFT - Electronic Funds Transfer –**  Bank CBA  Branch 063 - 113  Account 10134344  Name *Royal Children’s Hospital League of Former Trainees*  Date of transfer ……./…../……  Please use the first 3 letters of your surname, then first 3 letters of your given name as a reference as it allows us to match the payment with your name as it appears on our mailing list. | |