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 7163Hawthorn NorthVic 3122 | ** EFT - Electronic Funds Transfer –** Bank CBA Branch 063 - 113 Account 10134344Name *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. |