

MEMBERSHIP TRANSITION ACKNOWLEDGEMENT

INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mr/Mrs/Ms	First	Last	
<input type="text"/>	<input type="text"/>		
Suite Number	Street		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Province	Country	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Phone	Cell Phone	Email	

REQUIREMENTS

- I am 19 or over
- I attended one of the Annual General Meetings in the past three years
- I have provided my contact information and proof of BC residency

FOR OFFICE USE ONLY

Today's Date (MM/DD/YY)

Processed By

Membership Expires

By submitting your application, you agree to receive email correspondence from The Dr. Sun Yat-Sen Garden Society of Vancouver and the Dr. Sun Yat-Sen Classical Chinese Garden. Your personal information will be kept strictly confidential.