NEW MEMBER APPLICATION FORM

Dr. Sun Yat-Sen Classical Chinese Garden

INFORMATION

Mr/Mrs/Ms | First | Last

Suite Number | Street

City | Province | Country | Postal Code

Home Phone | Cell Phone | Email

PAYMENT

- ○ I have enclosed a cheque payable to The Dr. Sun Yat-Sen Garden Society of Vancouver
- ○ I prefer to use my credit card (please fill out the form below)

Cardholder's Name | Card Number

Expiry (MM/YY) | Amount | Signature

- ○ Visa
- ○ Mastercard

REQUIREMENTS

- ☐ I am 19 or over
- ○ I have provided my statement of interest in joining the Garden Society
- ☐ I have provided my contact information and proof of BC residency

STATEMENT OF INTEREST

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.