

Membership Application Form

The annual membership fee is \$10.00 per person. **Cheques should be made out to the Friends of the Richmond Archives.** Please do not send cash through the mail! The Friends also welcome donations. A receipt for income tax purposes will be issued for donations over \$10.00. (Receipt will be mailed)

I would like to become a Member of the Friends of the Richmond Archives and receive the Archives Newsletter and notices regarding relevant activities.

My fee of \$10.00 is enclosed.

A donation of: \$ _____ is also enclosed (voluntary).

Total enclosed: \$ _____

Name : _____

Street: _____

City: _____

Province: _____ Postal Code: _____

Telephone: _____

Email: _____

Signature: _____

Date: _____

I consent to receive electronic communications from the Friends of the Richmond Archives.

Please return your completed Membership Application Form to:

Friends of the Richmond Archives
c/o City of Richmond Archives
7700 Minoru Gate
Richmond, BC V6Y 1R9