RICHMOND POVERTY REDUCTION COALITION MEMBERSHIP APPLICATION

Membership type and may Membership Director, Rick Richmond Food Bank Strong - 5800 Cedarbridge Washington, BC V6X 2A7 Please note: Completed form accompanies. To be eligible to vote at ou 30 days prior to the meeting and the second form: For Richmond Poverty Reduction of the second form: Amount:	hil to: Chmond Poverty Reduction Coalition, Society, Vay, Inving payment is necessary for the application process to commence. In Annual General Meeting, members must have been in good standing for at le	
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Date		
Data		
	Their email address (if different from the one given above):	
	will be:	
(Choose applicable type)	. Organization(\$25.00) - Our designated Representative	
Membership Type	. Individual (\$5.00)	
Email		
Phone		
,		
Mailing Address (Street, City, Province, Postal Code)		
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Organization Name		