



FCHP Membership Application Form

Please support our efforts to restore and advocate for our park"

Name _____

Partner's Name _____

Address _____

Postal Code _____

Phone _____

Email _____

Membership fee is \$10.00 per household per year.

Donations very welcome _____

(THANKS SO MUCH)

Payment & date _____

Make cheques payable to Friends of Cedar Hill Park.

Membership Year is April 1st to March 31st

Please mail to **Barbara Latham Membership Coordinator**
1245 Judge Place Victoria BC V8P 2C7 Phone 250.385.7104

EMAIL CONTACT friendsofcedarhillpark@gmail.com

WEBSITE <http://www.friendsofcedarhillpark.com/our-society.html>