

Alumni Contact Info Form



Check here if this is a change of existing alumni contact information.

SCHC Alumni Information:

Name

(First)

(Middle Initial)

(Last)

Address

Street/PO Box

City/Town

Prov/State

Postal/Zip

Telephone Numbers

Home:

Cell:

Work:

Email address:

Month/Year of Admission:

By clicking the “send” button below, you are authorizing Sunshine Coast Health Center to change the information to our alumni mailing list.

[Click here to submit this form online.](#)

This is an interactive document. Simply place your cursor over the item you wish to fill in and begin typing. Please complete and submit online (click the SEND button). Alternatively you can print this document and fax to 1-604-487-9012.

If you do not wish to submit your information electronically, please print this form and mail to:

Alumni Relations c/o Sunshine Coast Health Center, 2174 Fleury Road, Powell River, British Columbia V8A 4Z2 Canada