

# Alumni Association

## Online Membership Registration Form

**Given Name \*** ..

Enter your name

**Surname \*** ..

Enter your name

**Maiden Name**

Enter your name

**Address \*** ...

**City \*** ..

**Province/State \*** ..

**Country \*** ..

**Postal/Zip Code \*** ..

**Phone \*** ..

Enter your phone number

**Email \***

Enter your email

**Full Membership**

(Former students and graduates, current and former staff)

**Graduation Year \***

From grade 12

**Student Year From**

**MM**

**DD**

**YYYY**

**Student Year To**

**MM**

**DD**

**YYYY**

**Staff Year From**

**MM**

**DD**

**YYYY**

**Staff Year To**

**MM**

**DD**

**YYYY**

**Associate Membership**

Family, friends, and parents of current students referred by a Full Member

**Referred by**

**Payment \***

**Signature:**

**Date:**

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