



## Associate Membership Application Form

Please fill in the information and return this Form to any Committee Member with the Associate Membership Fee. You may also mail it in with the payment to our Postal Office.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Married Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Maryknoll Sister School (Year of F5): \_\_\_\_\_ Occupation (Optional): \_\_\_\_\_

Home Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Work Telephone \_\_\_\_\_

Email Address: \_\_\_\_\_

Proposed by Lifetime Member (MCS and Year of F5): \_\_\_\_\_

Name and Signature: \_\_\_\_\_

Associate Membership Fee \$100.00 (cash or cheque)

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY:

	Date	In-charge
Form Submitted	_____	_____
Payment Received	_____	_____
Membership Approval	_____	_____
Data Entered	_____	_____
Welcome Package Sent	_____	_____

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