



Maryknoll Convent Former Students (Ont.) Inc.

## Membership Application Form

Please fill in all the information and return this form to any Committee Member with membership fee. You may also mail it in with payment to our postal address..

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Married Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Year of F.5: \_\_\_\_\_ Occupation (*Optional*): \_\_\_\_\_

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

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

Lifetime Membership: \$100 (Cash or Cheque)

### OFFICE USE ONLY:

	Date:	In-charge:
Form submitted	_____	_____
Payment received	_____	_____
Membership approval	_____	_____
Data entered	_____	_____
Welcome package sent	_____	_____

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