



# ST. ROSE'S ALUMNI ASSOCIATION

(Toronto)

19 Robertsfield Crescent  
Scarborough, Ontario  
M1R 2X1

## MEMBERSHIP APPLICATION

(please print)

Name: \_\_\_\_\_ (Maiden Name) \_\_\_\_\_  
(if applicable)

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

School House: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Telephone No.: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

E-MAIL ADDRESS:

Membership Contribution: CDN \$15.00 annually

To be sent to: St. Rose's Alumni Association  
19 Robertsfield Crescent  
Scarborough, Ontario  
M1R 2X1

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The information contained above is strictly confidential and is to be used only for the internal purposes of the St. Rose's Alumni Association (Toronto), and will not be divulged to any third parties without the direct consent and authorization of the above named applicant.

Signature:.....

Date:.....