



ST. JAGO ALUMNI ASSOCIATION TORONTO MEMBERSHIP APPLICATION

Member Category: Alumni Associate

Please Print or Type Clearly

Date: DD / MM / YYYY

Prefix	First Name	MI	Last Name	Suffix
Occupation			Company/Organization	
BUSINESS ADDRESS				
Street Address – Line 1				
Street Address – Line 2				
City	Province/State	Postal Code/ZIP Code	Country	
Business Phone		Toll-Free Phone		
HOME ADDRESS				
Street Address – Line 1				
Street Address – Line 2				
City	Province/State	Postal Code/ZIP Code	Country	
Home Phone		Cell Phone		
EMAIL ADDRESS				
Primary email			Secondary email	
ST JAGO HIGH ATTENDANCE				
5 th Form Graduation Year			6 th Form Graduation Year (Optional)	
MEMBERSHIP OPTIONS				
ALUMNI MEMBERSHIP FEE (per annum):			<input type="checkbox"/> \$35.00	
ASSOCIATE MEMBERSHIP FEE (per annum):			<input type="checkbox"/> \$15.00	
DONATION			<input type="checkbox"/> \$30 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> \$ _____	
MAKE CHECK/MONEY ORDER PAYABLE TO:			ST JAGO TORONTO ALUMNI ASSOCIATION	
MAIL TO:			20 Gilbert Avenue Toronto, ON M6E 4W1	

Comments: Membership meetings are held on a monthly basis.

MEMBER INTEREST

Presentation topics (Please suggest)

Technology and Business Interests