

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:
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City:	Prov:		Postal Code:
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Lifetime Membersh	ip: \$100	(Cash o	or Cheque)
OFFICE USE ON	LY:		
Form submi Payment rece Membership appr Data ent Welcome package	ived oval ered	Date:	In-charge:

P.O. Box 91070, 2901 Bayview Ave. North York, ON. M2K 2Y6 www.mcsontario.org