

BISHOP RYAN ALUMNI ASSOCIATION

GIVEN NAME _____

SURNAME _____

MAIDEN NAME _____

STREET ADDRESS _____

CITY _____

PROVINCE/STATE _____

POSTAL/ZIP CODE _____

COUNTRY _____

TELEPHONE _____

E-MAIL ADDRESS _____

FULL MEMBER (Former students and graduates; past and present staff)

I WAS A STUDENT AT BR FROM _____ TO _____

GRADUATION CLASS (year completed Grade 12) _____

I WAS/AM ON STAFF FROM _____ TO _____

ASSOCIATE MEMBER (Family and friends referred by full members; parents of current BR Students) REFERRED BY _____

The Inaugural Lifetime Membership fee is **\$25.00**. Please make cheque / money order payable to "Bishop Ryan Alumni Association"

Mail completed form and fee to: **Bishop Ryan Alumni Association**
c/o Bishop Ryan CSS
50 Albright Road
HAMILTON, Ontario L8K 5J3

Your name and years at BR, will appear on our web-site as a registered member.

SIGNATURE _____ DATE _____

FOR ADMINISTRATIVE USE ONLY

DATE REC'D _____	PAID _____
CHEQUE _____	CASH _____ OTHER _____
CHEQUE INFO: _____	CHEQUE # _____ NAME _____
MEMBERSHIP # _____	ENT'D _____