

**JARVIS COLLEGIATE ALUMNI SOCIETY  
o/a JARVIS COLLEGIATE ALUMNI ASSOCIATION**

# Membership Form

	<b>MY LAST YEAR AT JARVIS:</b> _____	
	Years attended while at Jarvis: _____	
Alumni Name:	_____	
	<i>(Mr./Mrs./Ms./Dr.)</i>	
	_____	_____
	<i>(Last Name)</i>	<i>(First Name)</i>
Address:	_____	
	_____	
	Postal Code:	_____
Telephone (Day):	_____	(Evening): _____
Fax:	_____	E-mail: _____
I prefer to be contacted by <input type="checkbox"/> phone <input type="checkbox"/> fax <input type="checkbox"/> e-mail <input type="checkbox"/> mail		
Tell us what you do now for a living:		
_____		
Tell us what you were involved in while at Jarvis:		
_____		
<input type="checkbox"/>	I wish to volunteer for future activities/events. Please contact me.	

My *Membership Donation* cheque /money order of:  \$25.00  
 \$ \_\_\_\_\_

made payable to: **JARVIS COLLEGIATE ALUMNI ASSOCIATION**

Please mail or deliver to: Jarvis Collegiate Alumni Association  
495 Jarvis Street, Toronto. M4Y 2G8