



HOLY NAME CONVENT PAST PUPILS' ASSOCIATION

REGISTRATION FORM

(BLOCK LETTERS PLEASE)

SURNAME: _____ FIRST NAME: _____
MM DD YYYY

MAIDEN NAME: _____ D.O.B.: ____/____/____

CURRENT _____ MAILING _____
ADDRESS: _____ ADDRESS: _____

TELEPHONE: (H) _____ (O) _____ (Cell) _____

E-MAIL ADDRESS: _____

YEAR GRADUATED: FORM 5 _____ FORM 6 _____

PROFESSION: _____

OTHER AREAS OF EXPERTISE: _____

ARE YOU WILLING TO SERVE ON ANY SUB-COMMITTEE: YES () NO ()

IF YES, INDICATE WHAT IS YOUR PREFERRED CONTRIBUTION: _____

SIGNATURE: _____

VERIFIED AND APPROVED BY:

(Print Name & Position)

ON BEHALF OF EXECUTIVE COMMITTEE