



St. Joseph's School of Nursing Alumnae Association

MEMBERSHIP APPLICATION / RENEWAL FORM

Name: _____

Address: _____

City: _____ Province/State: _____ Country _____

Postal Code/Zip Code: _____ Telephone: () _____

Maiden Name: _____ Graduation Year _____

Please check off **one**:

- **Life Member**

A Life Member is a member who has maintained an active membership for 25 consecutive years, and has paid the membership fee for the current fiscal year.

- **Active Member**

An Active Member is a St. Joseph's Graduate who has paid the membership fee for the current fiscal year.

- **Associate Member**

An Associate Member is a graduate nurse who has had an affiliation with St. Joseph's Hamilton and has paid the membership fee for the current fiscal year. The following information is required:

*Name and City of School of Nursing _____

*Year of Graduation _____

MEMBERSHIP FEE OPTIONS

Renewal for 1 year _____ \$10.00	Renewal for 2 years _____ \$20.00	Renewal for 3 years _____ \$30.00
Renewal for 4 years _____ \$40.00	Renewal for 5 years _____ \$50.00	Renewal for _____ years \$ _____

The fee of \$10.00 a year entitles you to receive the newsletter three times a year: January, April and October.

All renewals must be paid in **Canadian** funds.

Make cheque payable to: Alumnae Association
St. Joseph's School of Nursing

Please send a self-addressed stamped envelope for a membership card to:

Karen Martin
31 Chedoke Avenue
Hamilton ON L8P 4P1
CANADA