



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 _____

Email Address _____

Would you like to receive your newsletter by email? YES NO

Please check off one:

Active Member

A graduate of St. Joseph's School of Nursing, and/or St. Joseph's Campus of Mohawk College, Hamilton, Ontario, **who has paid the membership fee for the current membership year.**

Honorary Member

A member who has maintained an active membership for 25 consecutive years and **has paid the Alumnae membership fee for the current membership year.**

Associate Member

A graduate nurse who did NOT graduate from St. Joseph's School of Nursing Hamilton but has had an affiliation with St. Joseph's Healthcare Hamilton and/or St. Joseph's School of Nursing Hamilton and **has paid the membership fee for the current membership year.** The following information is required:

* Name of and the City of School of Nursing _____

* Year of Graduation _____

MEMBERSHIP FEE OPTIONS

Renewal for **1 year** _____ **\$20.00** **2 years** _____ **\$40.00** **3 years** _____ **\$60.00**

A fee of twenty dollars (**\$20.00**) a year entitles you to receive the newsletter three times a year: January, April and October

Make cheque payable to: **SJSNAA** All renewals must be paid in **Canadian** funds.

**For a membership card, please send a self-addressed stamped envelope to:

Pat Duxbury

515 Hillfair Place, Burlington, ON L7N 2W4