

Membership Application

Present Name: _____

Name at graduation: _____ Class of: _____

Address: _____

Postal Code: _____

Email Address: _____ Phone# _____

Membership Fees Jan-Dec. (check appropriate box)

New Member: Post 50th grad reunion member - 5 years - \$25.00

New Associate Member:

Renewing Member: Donation _____

2 year \$25.00

5 year \$45.00

I would like to receive all communication by email including receipts for membership: Y N

NB: Cheque made out to: St. Boniface Registered Nurses' Alumni Association

Please Mail to: **St. Boniface Registered Nurses' Alumni Association**

Room NG018

409 Tache Avenue

Wpg. MB. R2H 2A6

I am willing to have my name and address shared with a classmate for the purpose of arranging a reunion

N.B. PLEASE ENCLOSE A STAMPED SELF ADDRESSED ENVELOPE IF YOU WISH TO RECEIVE MEMBERSHIP CARD AND RECEIPT BY MAIL. OTHERWISE THE RECEIPT WILL BE SENT BY EMAIL AND THE CARD WILL BE AVAILABLE FOR PICK UP AT THE NEXT ANNUAL MEETING.

(Post 50th members receive receipts only)