



**ST. ROSE'S ALUMNI ASSOCIATION  
(Toronto Chapter)**

**19 Robertsfield Crescent  
Scarborough, Ontario  
M1R 2X1**

**MEMBERSHIP APPLICATION**

(please print)

**Name:** \_\_\_\_\_ (Maiden Name) \_\_\_\_\_  
( if applicable)

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**School House:** \_\_\_\_\_ **Graduation Year:** \_\_\_\_\_

**Telephone No.:** (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**Membership Contribution: CDN \$20.00 annually**  
**Cheque payable to St. Rose's Alumni Association (Toronto Chapter)**

**To be mailed to:**     **St. Rose's Alumni Association**  
                              **19 Robertsfield Crescent**  
                              **Scarborough, Ontario**  
                              **M1R 2X1**

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