NAPARIMA ALUMNI ASSOCIATION OF CANADA MEMBERSHIP FORM

Bridlewood Mall Postal Outlet, P.O. Box 92175, 2900 Warden Avenue, Scarborough, ON M1W 3Y9

Membership year is January to December

Make cheques payable to NAAC and mail with your application form to the address above

Please tick one:
Renewal

□ First time Membership

What type of Membership? For First Time Members or those who wish to change Membership, otherwise proceed to Box B.

Please tick one:

- **Q** Regular Membership (\$15/yr or \$150/Life) Former Student or teacher of a Naparima School
- □ Student Membership (\$10/yr) Any Student Interested in the Aims of the Association
- □ Associate Membership (\$20/yr or \$200/Life) **Recommended by a Regular Member in Good** Standing and Accepted by the Executive (*Please fill out Box D*)
- □ Family Membership (*Refer to Box C for rates*)

		Mr./Mrs/ Ms./Miss	Last Name	First Name
Address:				
	Apt. No.	Street		Postal Code
	City	Province	Contact Phone No.	E-Mail Address
School A	ttended:		Date of Appl	ication:
Occupati	ion (Optio	onal):		
		Use of this Info is	for Database and Networking Purposes Only	
To Facilitat	e Networkin	ng among members, I a	gree to have the above information publi	ished in the NAAC
10 I activitat				
	þ List and L	Distributed to Members	Only	

FAMILY MEMBERSHIP - Please tick one:

- Regular Family Membership (\$25/yr or \$200/Life) Both spouses attended a Naparima School
- □ Regular Associate Family Membership (\$30/yr or \$250/Life) Only one spouse attended a Naparima School (*Fill out Box D*)
- Associate-Associate Family Membership (\$35/yr or \$300/Life) Neither spouse attended a Naparima School (Fill out Box D)

Children's Name(s): 1 Bi	
	No. of Children:
	Birthdate: dd / mm / yy
	Birthdate: <u>dd/mm/yy</u>
3 Bi	Birthdate: dd / mm / yy

ASSOCIATE MEMBERSHIP?	For Official Use Only
Name of Sponsor: Last First Name Phone No: Area Code Contact No.	Date Form Rec'd: $\frac{1}{dd/mm/yy}$ Amount Received \$ Cash \Box Cheque Listing Current to: $\frac{1}{dd/mm/yy}$