



**ST. ROSE'S ALUMNI ASSOCIATION USA INC.**  
**P. O. Box 22321, Brooklyn, NY 11202-2321**  
**Membership Application**

**INSTRUCTIONS:**

Alumni - Parts 1, 3, & 4 must be filled out.  
 Associate Membership: Parts 1, 2, 3, & 4 must be filled out.

The completed form must be accompanied by a check or money order payable to St. Rose's Alumni USA Inc. and mail: **Attn: Membership Committee. Also, you can register online.**

\* One Year Dues: \$30.00 USD/\$50.00 USD/2 yrs. \*

**Part 1 Alumni Membership**

**NAME:** \_\_\_\_\_  
 Last First Maiden (if applicable)

\_\_\_\_\_  
 Year of Graduation School House

**ADDRESS:** \_\_\_\_\_  
 Street City State Zip Code

**TELEPHONE:** \_\_\_\_\_  
 Mobile Home

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

**Part 2 Associate Member: A person who is sponsored by an alumnus/alumna**

**NAME:** \_\_\_\_\_  
 Last First Maiden (if applicable)

**ADDRESS:** \_\_\_\_\_  
 Street City State Zip Code

**TELEPHONE:** \_\_\_\_\_  
 Home Work

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

**Part 3 Committee Membership**

Please indicate one or more committees you would like to be involved with.

Fund Raising		Website		Ad Hoc Bylaws	
Membership		Audit Committee		Ad Hoc Reunion	
Project Planning		Nominations Committee			
PR/Newsletter		Arbitration/Mediation Committee			

**Part 4** I affirm, that if accepted as a member of St. Rose's Alumni Association USA Inc., I will not show, tell, copy, give, sell, review, change or dispose of any confidential information, unless directed to do so by a member of the Executive Board. If directed to do any of these tasks, I will follow the correct procedure to assure confidentiality.

\_\_\_\_\_  
 Alumna/Alumnus's Signature

\_\_\_\_\_  
 Associate Membership Applicant's Signature

Date: \_\_\_\_\_