

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 mailed to the above address: Attn: Membership Committee. Zelle, Venmo or CashApp payment to treasurer@strosesalumni.org or https://strosesalumni.org/membership-2/

	* One Year Dues: \$30.00	USD/\$50.00 USD/	[*] 2 <i>yrs.</i>	
Part 1 NAME:	Alumni Members	hip		
Last	First	Maide	n (if applicable)	
Year of Graduation	luation		School House	
ADDRESS:				
Street	City	State	Zip Code	
TELEPHONE:		Home		
E-MAIL ADDRESS	:	OCCUPATION:		
Part 2	Associate Member: A person	who is sponsored by	y an alumnus/alumn	ıa
NAME:			on (if applicable)	
Last	FIISI	Maide	en (if applicable)	
ADDRESS:		0/-/-	7':- OI-	
Street	City	State	Zip Code	
TELEPHONE:		Home		
E-MAIL ADDRESS:		OCCUPATION:		
Part 3 Please indicate one	Committee Membersh or more committees you would like t	•		
Fund Raising	Website	Ad Hoc 1	Bylaws	
Membership	Audit Committee	Ad Hoc	Reunion	
Project Planning	Nominations Committee			
PR/Newsletter	Arbitration/Mediation Committee	;		
give, sell, review, chang	accepted as a member of St. Rose's Alumni ge or dispose of any confidential information ected to do any of these tasks, I will follow t	n, unless directed to do	o so by a member of th	e
Alumna/Alumnus's Signature A		ssociate Membership Applicant's Signature		
Date:				
www.strosesalumni.org		updated September 2022		