

## ALUMNI REGISTRATION FORM

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov.: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone No. : \_\_\_\_\_

E Mail Address: \_\_\_\_\_

What years did you attend Myer ?: \_\_\_\_\_

What year did you graduate Myer ?: \_\_\_\_\_

If married, what was your maiden name ?: \_\_\_\_\_

Are you a current faculty member ?: Yes No

Are you a former faculty member ?: Yes No

Comments: