

# DAVID AND MARY THOMSON ALUMNI ASSOCIATION

## 2009-2010 ANNUAL MEMBERSHIP FORM

Please Print Clearly

<b>First Name:</b>		<b>Last Name:</b>	
		<b>Maiden Name:</b>	
<b>Student at DMTCI (Years)</b>	<b>From:</b>	<b>To:</b>	
<b>Staff at DMTCI (Years)</b>	<b>From:</b>	<b>To:</b>	
<b>Phone #, Daytime:</b>		<b>Phone #, Evening:</b>	
<b>FAX Phone # (if available):</b>			
<b>Email Address:</b>			
<b>Street Address Line 1:</b>			
<b>Street Address Line 2:</b>			
<b>City:</b>		<b>Province/State:</b>	
<b>Country:</b>		<b>Postal/Zip Code:</b>	
<b>Please make cheques (\$10.00) payable to:</b> Thomson Alumni			
<b>Mail to:</b>		David and Mary Thomson CI Alumni Association 2740 Lawrence Ave. E. Toronto, ON, Canada M1P 2S7	
<b>I consent to have the following information shared with the Alumni:</b> Address <input type="checkbox"/> Email Address <input type="checkbox"/> Phone Numbers <input type="checkbox"/>			
<b>I can assist the Alumni Association as follows:</b>			
<small>use overleaf for more information</small>			
<b>Suggestions, Alumni Activities:</b>			
<small>use overleaf for more information</small>			
<b>Suggestions, Newsletters (profile, feature, article):</b>			
<small>use overleaf for more information</small>			

Please fill out additional forms for friends who would like to receive Alumni Newsletters and Notices of Events  
( Only name and contact information required )