MEMBERSHIP FORM
2009

Name: _____
*(*Please print and circle Maiden Name*)*

MSS Form V Year: _____ **MCS Form V Year**: _____
(If you left school before Form V, use the year that you would have graduated from Form V.)

Current Occupation: _____

Correspondence Address: _____

Telephone (Home): _____

(Work): _____

(Cell): _____

Email address: _____

Fax: _____

Name of Spouse: _____

Spouse's High School: _____

Membership (Circle One): Annual : $15 or Life Time : $100

Please include this form with your membership payment, and mail it to Maryknoll Alumnae Association of California, 1335 Garden Lane, Menlo Park, CA94025