

St. John's "Tech" Alumni Association
Membership Form

First Name _____

Last Name _____

Maiden Name _____

Address _____

City, Province/State _____

Postal/Zip Code _____

Country (if not
Canada) _____

Email _____

Telephone _____

I am a (please check appropriate bolded area): ☐ current ☐ former

☐ Student ☐ Teacher ☐ Administrator ☐ Non-teaching staff

Years at St. John's: from _____ to _____

☐ I give St. John's Alumni Association permission to include my name on any future website list of former students and staff of St. John's.

NOTE: By returning this membership form, you give your consent to the St. John's Alumni Association to periodically send you information regarding alumni activities. The Association is committed to protecting the privacy of any personal information you may provide; your information will not be shared with any third parties.