

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: