



**MCS/MSS Alumnae Association of New York
Membership Application/Renewal Form**

Name: _____ (First Name, Maiden Name, Last Name)

Class Year: _____ (Form 5 graduation year)

Mailing Address: _____

Telephone Number: Home: _____ Cell: _____ Office: _____

Fax Number: Home: _____ Office: _____

E-mail Address: _____

Optional Information:

Name of Spouse: _____

Occupation/Company: _____

Birthdate: _____/ Month _____/ Day

Membership Fee: \$30.00 per year

I am enclosing a check for \$_____ payable to MCS Alumnae Association (New York)*

What kind of activities would you like to attend in the coming year? (For example, theater, concerts, outings, local volunteer help, fundraising events, etc.)

Please mail application form and membership fee to: MCS/MSS Alumnae Association of New York
99 King Street
Brooklyn, NY 11231

* This is the name of our account, established before we changed our name to MCS/MSS Alumnae Association of New York.