



S. Thomas' College

Old Boys' Association of Canada

www.stcoba-canada.com

MEMBERSHIP APPLICATION

First Name: Middle Name / Initial:

Last Name:

Address:

Apartment or Suite #

House / Building Number

Street Name

City

Province Postal Code

E-mail:

Phone Numbers

Home :

Office : Ext:

Mobile :

Years At S. Thomas'

| | | |
|----------------------------------|--------------|--------------|
| | From | To |
| Student <input type="checkbox"/> | _/_/___ | _/_/___ |
| Teacher <input type="checkbox"/> | _/_/___ | _/_/___ |
| | DD / MM / YY | DD / MM / YY |

Mt Lavinia Colpetty Guruthalawa Bandarawela

New Member Fee (Cheque preferred)

C \$25.00:

I agree to abide by the constitution of the S. Thomas' College Old Boys Association of Canada, and certify that the information provided above is true and accurate:

Signature: Date (DD/MM/YY): ___/___/___

New Member Sponsors (Proposer and Seconder who must be members in good standing):

| | First Name | Last Name | Signature |
|---------------|--|--|--|
| 1.) Proposer: | <input style="width: 150px;" type="text"/> | <input style="width: 150px;" type="text"/> | <input style="width: 200px;" type="text"/> |
| 2.) Seconder: | <input style="width: 150px;" type="text"/> | <input style="width: 150px;" type="text"/> | <input style="width: 200px;" type="text"/> |



Consent to list information at the stcoba-canada.com

Please include my mailing address

Please include my email address

Please include my home phone number

Please include my work phone number

Please include my cell phone number

Please include me in the oba mailing list.

Please note that your information will be available at the stcoba-canada.com website unless you opt out by indicating 'NO' at the appropriate box.

You may change your preference at anytime electronically via the stcoba-canada.com website by editing your profile.

Members Name

Signature

Date