ST JOSEPH'S COLLEGE LOCHINVAR EX-STUDENTS' ASSOCIATION

Return Forms & Money to: Jan Healy 29 Wilton Drive EAST MAITLAND NSW 2323

Information and Class Lists from Kath Shean

Phone: 02 4992 3358 Mobile: 0427064643

email: lochinvar_exstudents@bigpond.com

MAIDEN NAME	CHRISTAIN NAME	MARRIED NAME

ADDRESS: ……

……

HOME PHONE: …….. MOBILE: ……

EMAIL: ……

ONLY if you wish to be contacted via email. PLEASE PRINT CLEARLY

HIGH SCHOOL YEARS AT LOCHINVAR: from YR: …….. in 19……. to YR: ……. IN 19…….

Please circle, sign and date the following:

I agree / do not agree to the Association disclosing my contact details to ex-students seeking to contact me.

Signed: Dated:

PLEASE COMPLETE AND RETURN BY FRIDAY 14TH AUGUST 2009

EX- STUDENTS' FEES: ($10.00) $ …… Religious Sisters exempt from paying Fees

DONATION: $ ……

TOTAL $ ……

LUNCH $20.00 TO BE PAID FOR ON REUNION DAY

WILL YOU BE ATTENDING THE REUNION AT LOCHINVAR?	YES / NO (Please circle)
WILL YOU REQUIRE LUNCH ON REUNION DAY?	YES / NO (Please circle)
DO YOU WISH TO REMAIN ON THE MAILING LIST?	YES / NO (Please circle)
WOULD YOU PREFER REUNION NOTIFICATION BY EMAIL?	YES/ NO (Please circle)

IF NO REPLY RECEIVED FOR 3 CONSECUTIVE YEARS WE WILL CONCLUDE THAT YOU NO LONGER WISH TO RECEIVE ANY MORE LOCHINVAR MAIL AND Y0UR NAME WILL BE REMOVED FROM ANY FUTURE MAIL LISTS. YOU MAY ADD YOUR NAME AGAIN OR CHANGE YOUR DETAILS AT ANY TIME BY CONTACTING THE EXSTUDENTS' ASSOCIATION.