

**Christ Church Secondary School of Guyana Alumni Association Inc.
Membership Registration Form**

Name	Surname		First Name		
	Maiden Surname (if applicable)		Nick Name		
Gender	<input type="checkbox"/> Male	Birthday (Optional)	Month	Day	Year
	<input type="checkbox"/> Female				
Home Address	Street				
	City	State	Zip Code	Country	
Mailing Address	Street				
	City	State	Zip Code	Country	
Telephone	Day		Evening		
E-Mail	E-mail address 1				
Years at CCSS					
Online Directory If you do not make a selection only your name & year will be included.		Include in the online directory my <input type="checkbox"/> Email address <input type="checkbox"/> Day Phone <input type="checkbox"/> Evening Phone <input type="checkbox"/> Country of my mailing address		<input type="checkbox"/> If fellow alum is interested in contacting me please notify me. <input type="checkbox"/> Do not include any information about me in the online directory.	
Membership Dues Enclosed is my payment of <input type="checkbox"/> Monthly Membership Dues \$ 5.00 <input type="checkbox"/> Annual Membership Dues \$ 60.00 <input type="checkbox"/> Donation \$ _____					

Please complete and return with membership fees to

CCSSGAA Inc.
P.O BOX 2370
Grand Central Station
NEW YORK N. Y.10163

Please do not send cash. Make checks or money orders payable to Christ Church Secondary School of Guyana Alumni Association Inc. [CCSSAAG Inc]

Visit us @ <http://www.geocities.com/ccssgt>