



HARVARD CLUB OF TORONTO

MEMBERSHIP REGISTRATION FORM - 2009

New Member?	<input type="checkbox"/>
Previous Member:	<input type="checkbox"/>
Information unchanged?	<input type="checkbox"/>

Name:	Title	First	Initial	Last
Class:		Degree:		Graduate School:

Preferred Method of Communication/Email: Business Home

Home Information:

Address:		City:		Postal Code:	
Tel:		Fax:		E-Mail:	

Business Information:

Company:		Title:	
Address:		City:	
Tel:		Ext.:	
Fax:		E-Mail:	

Membership Rates:

- \$40 as a Recent **Undergraduate** Member (2004 to 2008 inclusive)
- \$55 as a Regular Member
- \$100 as a Friend of the Harvard Club of Toronto (includes Regular Membership)

Method of Payment:

- By cheque, payable to Harvard Club of Toronto ; OR
- By VISA

Return membership form to:

Harvard Club of Toronto
 c/o Dr. Suzanne T. Wong MD'95
 St. Joseph's Health Centre, 5E-113
 30 The Queensway
 Toronto, ON M6R 1B5
hctoronto@post.harvard.edu
 Fax: 416-530-6811

Card #: _____ Expiry: _____

Membership Directory: I wish to be included in the 2008 Membership Directory using my

- home; and/or business address. I prefer not be listed in the Directory.

I am interested in the following:

- Interviewing Harvard applicants for the Schools Committee.
- Assisting in planning Toronto Club events.
- Hosting a Harvard Club event.
- Serving on the Executive of the Toronto Club.
- Advertising my business in the Membership Directory.

Please complete the following (which will also be included in the Membership Directory unless you specifically request otherwise):

Academic Interests at Harvard/Other Schools:	
Other Interests at Harvard/Other Schools:	
Current Occupation:	
Previous Occupation:	
Current Interests:	