



MANNINGS SCHOOL PAST STUDENTS ASSOCIATION

Graduate

THE NEW YORK CHAPTER

Associate

P.O. BOX 145

BRONX, NY 10469

mpsanyc@yahoo.com

www.facebook.com/mpsanyc (Like us on Facebook)

www.twitter.com/mpsanyc (Follow us on Twitter)

APPLICATION FOR MEMBERSHIP

Name

Mr./Ms./Mrs.

Surname/Maiden

Christian

Address Street: _____ City: _____

State _____ Zip _____ Tele: Home () _____

Work: () _____ Mobile () _____

Email: _____ Year of Graduation _____

I hereby apply for Membership in The Manning's Past Students' Association, New York Chapter.

Enclosed please find the sum of \$ _____ being my Annual Subscription to The Association.

Applicant's Signature

Date

Annual Dues US\$ 30.00 (October To September Each Year). Checks or Money Orders – Payable to MPSA New York.

FOR OFFICIAL USE ONLY

RECEIVED BY: _____ DATE: _____

VERIFIED BY: _____ DATE: _____

MEMBER'S RECEIPT

RECEIVED FROM: _____ THE SUM OF \$ _____

IN PAYMENT OF _____

DATE

PER

MANNINGS PAST STUDENTS ASSO. NY