



# BLESSED TRINITY CATHOLIC SCHOOL

## ALUMNI ASSOCIATION

4020 Curtiss Parkway, Miami Springs, FL 33166

Ph: (305) 871-5766 402 • Fax: (305) 876-1755

### CONTACT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Suffix: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

### SCHOOL AND CAREER INFORMATION

Year Graduated or Last Year Attended: \_\_\_\_\_

Did you attend a College or University?  YES  NO Year Graduated: \_\_\_\_\_

If yes, name the school: \_\_\_\_\_

Field of Study: \_\_\_\_\_

Current Job Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

### INTERESTS

Would you be interested in serving on the Alumni Association Board of Directors?  YES  NO

Would you be interested in serving on a committee? If yes, please check the committee(s) that would interest you.

- Scholarship  Bylaws  Fundraising  Membership  
 Special Events  Marketing

Comments, suggestions and ideas: \_\_\_\_\_