1. **SIGN UP DATE**(dd/mm/yyyy):

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1. **NAME** (First/Last):

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1. **OTHER/FORMER/MAIDEN NAME:**

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1. **COUNTRY OF RESIDENCE**

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1. **ADDRESS:**

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1. **TELEPHONE:**

**Cell Home Office**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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1. **E-MAIL**:

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1. **PROFESSION/OCCUPATION:**

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1. **COMPANY/ORGANISATION**:

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1. **YEAR GRADUATED/LEFT HIGH SCHOOL:**
2. **DESIRED AREA/S OF SERVICE:**

**\_\_ ACADEMICS \_\_ CULTURE/CLUB \_\_ COMMUNICATIONS \_ FUNDRAISING \_\_ MENTORSHIP \_\_ SPORTS \_\_\_STUDENT WELFARE**

1. **SIGNATURE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTES:**

1. **Objectives** of the XLCR PSA are to raise funds for the growth, development and maintenance of Excelsior High School and its students and the Excelsior Education Complex for: ● Promotion of scholarship, games or extracurricular activities● Improving the site of the school and its buildings, playing field and other equipment and assets● Assistance to any clubs or societies in which the membership is confined to present and past students.
2. **Ordinary Member**- Graduate of Excelsior High School or attendance for at least one (1) full school year.
3. **Honorary Member**–an honorary title conferred on non-graduates by resolution of the PSA Executive Council based on consistent or significant contribution/service to Excelsior High School or to the PSA.
4. **Membership Subscription:** J$1500 per year or J$40000 for Lifetime. Subscriptions may be made by cheque payable to “The Excelsior Past Student Association Limited” or by bank deposit/transfer to **New Kingston Sagicor Bank, Savings a/c #5500934508**