



St. Scholastica's Alumnae Foundation, Inc.  
SSAFI Card Form  
2560 Leon Guinto St., Malate, Manila

Please PRINT clearly

* First Name	(1" X 1") ID picture	
* Maiden Name		
* Surname		
* Year Graduated from SSC <input type="checkbox"/> GS _____ <input type="checkbox"/> HS: _____ <input type="checkbox"/> College: _____ Course _____		
* Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others _____		
* Cellphone	Residence Phone	
* email address	B-day (mm/dd/yyyy)	
Company/Profession	Office Phone	
* Mailing Address _____ _____ _____		
Relative/s who graduated from SSC: Name: Relationship Year Graduated		
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
<input type="checkbox"/> Regular P 500.00 <input type="checkbox"/> Lifetime P 2,000.00 Payment by: Cash/Check/Credit to SSAFI's Bank Account		