



Alumni Association

MEMBERSHIP FORM

Date _____

Name: _____ Class _____

Spouse: _____ Class _____

Mailing Address: _____ Home Phone () _____

City _____ State _____ Zip _____

Please Check one of the following:

Individual (\$25.00)

Lifetime - Individual (\$250.00) or

Lifetime - Joint-Husband/Wife (\$500.00) or

Joint Husband/Wife (\$40.00)

5 Payments of \$50.00 each for 5 years.

5 Payments of \$100.00 each for 5 years.

I enclose:

Check Money Order Cash Visa Master Card

Account Number (all digits)

Signature for Credit Card _____ Expiration Date ____/____