

NAHS ALUMNI ASSOCIATION MEMBERSHIP FORM, 2017

NAME: _____

(INCLUDE MAIDEN NAME IF MARRIED)

ADDRESS: _____

(be sure to include street, city, state, and zip!)

GRADUATION YEAR: _____ E-MAIL ADDRESS: _____

TELEPHONE: (_____) _____

I WOULD LIKE TO RECEIVE THE FOLLOWING:

- Newsletter* *Paper* *E-mail*
- Alumni event information*
- Reunion information*
- NAHS Alumni Facebook page*
- Information on volunteer opportunities*

Please enclose a check or money order with your membership form and mail to:

NAHS Alumni Association
Melissa Badger, Chair
New Albany High School
1020 Vincennes Street
New Albany IN 47150

MEMBERSHIP FEE: \$10.00

ADDITIONAL DONATION: _____

TOTAL AMOUNT: _____

PLEASE MAKE CHECKS PAYABLE TO:

NAHS Alumni Association

Do not enclose cash!