

Cash

Check...Check #: _____

MEMBERSHIP APPLICATION

Name: _____

Maiden Name: _____ **Year Graduated:** _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Email: _____

Occupation: _____

1. Would you like to participate in Career Day? Yes No

2. Are you interested in joining a committee? Yes No

➤ **Budget & Finance, Fundraising, Historical, Membership, Public Relations**

If so, which one? _____

3. Do you want to be contacted by other alumni? Yes No

SUGGESTIONS AND COMMENTS:

Enclosed is \$25.00 for my membership in the John M. Harlan High School Alumni Association, NFP

Listed below are some other Harlanites that I know who would be interested in joining the Association.

NAME	YR	PHONE NUMBER	EMAIL
ADDRESS:			
CITY:		STATE:	ZIP:
NAME	YR	PHONE NUMBER	EMAIL
ADDRESS:			
CITY:		STATE:	ZIP:
NAME	YR	PHONE NUMBER	EMAIL
ADDRESS:			
CITY:		STATE:	ZIP:

“We are what we repeatedly do. Excellence is not an act but a habit.” Aristotle

Membership dues are effective on a calendar year of January 1 through December 31.