

WARRENSBURG CENTRAL SCHOOL ALUMNI ASSOCIATION

WARRENSBURG NEW YORK

NAME: _____ CLASS OF: _____

LADIES PLEASE INCLUDE YOUR MAIDEN NAME

MAILING ADDRESS: _____

HOME PHONE: _____ CELL PHONE _____

WORK PHONE _____ E-MAIL ADDRESS: _____

MEMBERSHIP IS CURRENTLY \$ 10.00 PER YEAR AND MAY BE PAID IN ADVANCE

I WOULD LIKE TO PAY ONE YEAR (\$10.00) _____ TWO YEARS (\$20.00) _____

THREE YEARS (\$30.00) _____ FOUR YEARS (\$40.00) _____ FIVE YEARS (\$50.00) _____

SIX YEARS (\$60.00) _____ SEVEN YEARS (\$ 70.00) _____ EIGHT YEARS (\$80.00) _____

NINE YEARS (\$90.00) _____ TEN YEARS (\$ 100.00) _____

I WOULD LIKE TO MAKE A DONATION TO THE ASSOCIATION OF \$ _____

YOUR SUPPORT ALLOWS THE ALUMNI ASSOCIATION TO PROVIDE SCHOLARSHIPS

TO WARRENSBURG CENTRAL SCHOOL STUDENTS TO FURTHER THEIR EDUCATION

I WOULD _____ WOULD NOT _____ LIKE TO BE PLACED ON THE MAILING LIST OF EVENTS

(IF YOUR MAILING ADDRESS CHANGES PLEASE NOTIFY THE ASSOCIATION)

I WOULD LIKE TO ASSIST THE ASSOCIATION AT MEMBERSHIP SIGN UP EVENTS _____

I WOULD LIKE TO HELP ON THE YEARLY ALUMNI DINNER _____

I WOULD LIKE TO HELP WITH THE HISTORY OF THE ASSOCIATION _____

I COULD HELP IN THE FOLLOWING MANNER _____

PLEASE RETURN THIS FORM AND ANY CORRESPONDENCE

WARRENSBURG ALUMNI ASSOCIATION

P.O. BOX 713

WARRENSBURG N.Y. 12885