

Norristown Area High School Alumni Association

Membership Application

Last Name: _____ Maiden Name: _____

First Name: _____ M.I. _____

Graduation Year (*use full year, i.e. 1999*) _____

Home Address

Street/PO Box: _____

City: _____ State: _____ Zip Code: _____

Country*: _____ Telephone (*with area code*): _____ - _____ - _____

E-Mail Address: _____

** if other than the US. Will require additional fee to mail newsletters to you outside the US.*

College/Work Address

College/Company Name: _____

Street/PO Box: _____

City: _____ State: _____ Zip Code: _____

Country*: _____ Telephone (*with area code*): _____ - _____ - _____

College/Work E-Mail Address: _____

Job Title (*optional*): _____

** if other than the US.*

We need your help. *Please check any areas in which you would like to be involved.*

- | | | |
|-------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Membership | <input type="checkbox"/> Web Page | <input type="checkbox"/> Social Activities |
| <input type="checkbox"/> Reunions | <input type="checkbox"/> Finance | <input type="checkbox"/> Hall of Champions |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Publicity | <input type="checkbox"/> Other (<i>Specify in space below</i>) |
- _____

Membership Options: *Please check one:*

- \$10 annual membership (*receive newsletter by email*)
- \$15 annual membership (*receive newsletter by USPS*)
- \$50 life membership (*Circle one: email or USPS*)

Send this completed form and your check to:

NAHS Alumni Association
1900 Eagle Drive
Norristown, PA 19403