



Weatherly Area High School Alumni Association

PO Box 37

Weatherly, PA 18255

Membership Dues Form 2019

Alumni Member

New Member

Associate Member

Renewal

Name: _____
First Middle Last Maiden

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: () _____

Email Address: _____

Class Year: _____ Occupation: _____

Funds enclosed:

_____ **\$10.00 annual dues** (Please make checks payable to WAHSAA)

_____ **\$250.00 Lifetime Membership** (age 18-59) _____ **\$100.00 Lifetime Membership** (age 60+)

_____ \$_____ **Donation** to the **Scholarship Fund** or the **General Fund**
(Accepted any time. Please remember WAHSAA in your estate planning.)

Check if applicable:

_____ I **DO** wish to receive my newsletter and/or announcements via email

_____ I **DO NOT** want my contact information to appear in the annual Membership Roster

For office use only:

Treasurer: _____ Check #/Amount

Membership Secretary: _____ Roster completed