WEATHERLY AREA HIGH SCHOOL ALUMNI ASSOCIATION

P.O. Box 37, Weatherly, PA 18255

Membership Dues Form 2026

____Alumni Member _____New Member

____Associate Member* _____ Renewal

*An associate member is any non-WAHS graduate who supports the mission and purpose of the Association

Name: _____
First Middle Last Maiden

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: ( ) _____

Email Address: _____

Class Year: _____ **Occupation:** _____

Funds enclosed:

_____ **$20.00 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.)

_____**$**_____ I am a Lifetime Member and I wish to **Donate** to the **Scholarship Fund** or the **General Fund.**

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

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-For office use only:

Treasurer: _____ Check #/Amount Membership Secretary: _____ Roster completed