Sedro-Woolley High School Alumni Association Membership/Donation Form

Graduation Year: _____Name: _____

Last First Middle Maiden Nickname

Mailing Address: _____

Street City/State Zip

E-Mail Address: _____**Phone:**_____

Spouse Name: _____Graduation Year: _____

First Middle Last Maiden

Annual Membership Dues, $10: $_____ Paying for years: _____ Life **Membership, $100**: $_____

(Lifetime membership card will be sent to you)

Memorial $_____ Anniversary: $_____ Birthday: $_____ Other: $_____ Donation: $_____

Name of Honoree: _____Class of _____

First Middle Last Maiden

Name of Acknowledgement Recipient: _____

Their mailing address: _____

(Acknowledgement will <u>not</u> be sent without an address) Street City/State Zip

Total Membership fees: $_____ Total Scholarship Fees: $_____ Total enclosed: $_____

The Sedro-Woolley High School Alumni Association uses membership dues for the operating expenses of the organization.

Memorials and Donations go directly to the scholarship program funds. ***Thank you for your support!!!***

Mail completed forms to: SWHSAA, P.O. Box 509, Sedro-Woolley, WA 98284