

Life Membership Application

Lifetime Membership - \$200.00

Installments: Intial payment of \$35.00 with 11 monthly payments of \$15.00

Payment Enclosed:

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Full (\$200): ~~XXXX~~

Partial \$35 + \$15/ 11months ~~XXX~~

Personal Data:

Name:

Last

First

Maiden/Middle

Address:

Phone: _____ FAX: _____

E-Mail: _____

Birth date: ____ / ____

Current Age: _____

Graduating Class Year: _____

I am currently an active member:

yes no

I,

_____ do
hereby solicit Life Membership in the Peabody High School National Alumni
Association, Inc. and will support the mission of the Association.

Signature: _____

Date: ____ / ____ / ____

Approvals:

President

Membership Chair

