

ALUMNI & FRIENDS OF YORKTOWN HIGH SCHOOL, INC.

Post Office Box 7698
Arlington, VA 22207 USA
www.yorktownalums.org

MEMBERSHIP APPLICATION

Complete Name (please capitalize Maiden Names, e.g. Mary SMITH Jones):

_____ Class: _____

Home Address: _____

Home Phone: (____) ____-____
Home Fax: (____) ____-____
Cell Phone: (____) ____-____

Employer: _____
Work Address: _____

Occupation: _____
Work Phone (____) ____-____
Work Fax: (____) ____-____
Pager: (____) ____-____

email address: Home: _____

Work: _____

Spouse's Name _____. If an alum, (Maiden) Name and Class _____

Children _____ DOB ____ Children _____ DOB ____ Children _____ DOB ____

We will sign you up for your class mailing list at whichever email address you circle, unless you do not wish to be included. You can remove yourself from any mailing list at any time.

Please mark the following box if you do not wish to be part of your class mailing list:

Please use my (circle one: Work/Home) address, and (circle one: Work/Home) email.

Tell me more about acting as my class mailing list moderator:

If interested in helping, please indicate your areas of interest: _____.

If you, or any member of your family, will need special accommodations to participate in any of our activities due to a disability of any kind, please let us know what we can do to make participation most enjoyable:

To join, complete this page and mail it to the address above with your check for \$10.00 per person payable to: Alumni & Friends of Yorktown High School, Inc.

In addition to my dues, please find enclosed my check for \$ _____ to support the following activity: _____

Thank you for your support!

