



Merl Grove High School Past Students' Association NY Chapter Inc.

MEMBERSHIP/ RENEWAL APPLICATION

Name:		
Maiden Name:	Year You Left:	School House:
Current address:		
City:	State:	ZIP Code:
Phone:	Mobile:	Email:
<p style="text-align: center;">Annual Membership Plans</p> <p><input type="checkbox"/> Renewal \$50.00 (Past Students only)</p> <p><input type="checkbox"/> Regular \$50.00 (Past Students only)</p> <p><input type="checkbox"/> Associate \$45.00 (Friends & Family)</p> <p>Contribution \$ _____</p>		<p>Please make checks payable to: MGHS PSA NY Chapter Inc.</p> <p>Mail completed application to MGHS PSA NY Chapter Inc 131-46 228th Street Laurelton NY 11413</p> <p>Email Form to : Membership.mghspsany@gmail.com</p>
<p>To donate to the scholarship fund \$ _____</p>		
<p>MEDIA PERMISSION:</p> <p>When participating in a NY Chapter Inc's activity, I give consent to be interviewed, photographed, videotaped, or electronically imaged for the purpose of promotional materials, news releases, or other published formats the NY Chapter Inc. The images will be the sole property of the NY Chapter Inc. I hereby, release and hold harmless the NY Chapter Inc from any claim arising from these images.</p>		
Signature of applicant:		Date: