Greenville Industrial-Eppes High Alumni Association

MEMBERSHIP FORM
(Please type or print: You may copy this form if necessary)

Name_____
First Maiden Last

Address_____
Street City State

Phone Contact #_____

Email Address_____

Did you attend Eppes? Yes/No Did you graduate from Eppes? Yes/No

If yes, what year graduated? _____ if no, what year last attended Eppes? _____

Membership Only ***$ 30***

Church Donation

Other Donation (Specify)

Total **$_____**

Mail to: GI-Eppes High Alumni Association PO Box 6032 Greenville, NC 27835

For Administrative Use Only
Receipt #_____ Date _____C/Ck/MO#/PP_____ Initials _____