

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 _____