OFFICE USE ONLY: Date	Pvmt: CA CH	Init.	Rcpt.	Pkt.	DB	YR:

WHSAA Fiscal Year: July 1-June 30

## Western High School Alumnae Association, Inc. PO Box 65296, Baltimore, MD 21209 **MEMBER\$HIP APPLICATION**

(Please Print Legibly)

New Graduate Membership (Current Year Graduate) \$0								
New Membership 1 year @ \$20 / 2 years @ \$40.00 / 5 years @ \$100.00								
Renewal 1 year @ \$20 / 2 years @ \$40.00 / 5 years @ \$100.00								
Information Update								
PLEASE NOTE: Effective April 1st of each year, all membership dues paid will be applied to the upcoming fiscal year								
NAME:	MAIDEN NAME:	CLASS:						
ADDRESS:	CITY, STATE ZIP:							
HOME PHONE:	_ ALTERNATE PHONE:	( )CELL ( ) OFFICE						
EMAIL:								
CURRENT COLLEGE STUDENTS ONLY:								
CAMPUS ADDRESS:	CITY, STATE ZIP:							
UNIVERSITY:	CAMPUS PHONE:							
AJOR: ( ) FRESHMAN ( ) SOPHOMORE ( ) JUNIOR ( ) SENIOR								
WOULD YOU LIKE AN ALUMNA MENTOR WHILE YOU ARE IN COLLEGE? ( ) YES ( ) NO								

UNDERGRADUATE DEGREE/N SCHOOL:			
GRADUATE DEGREE/MAJOR (i SCHOOL:			
EMPLOYER:CURRENT POSITION:			
	ved. Please check all		inae. Below are opportunities for interested, or about which you
( ) Working directly with ( ) Building Alumnae Sup			
( )Committee Membersh Unity Day All Years' Reunion Programming	Executive Board Publicity	<b>/</b> ):	
Signature:		Date:	