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 Type or Print Legibly)

New Graduate Membership (Current Yea	ar 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 ea	ach year, all membership dues paid will be ap	plied 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 ZII	P:				
UNIVERSITY:		CAMPUS PHONE:				
MAJOR:	() FRESHMAN () SOPH	OMORE () JUNIOR () SENIOR				
WOULD YOU LIKE AN ALUMNA MENTOR WHILE YOU ARE IN COLLEGE? () YES () NO						

UNDERGRADUATE DEGREE/MAJOR (if applicable): SCHOOL:	
GRADUATE DEGREE/MAJOR (if applicable):SCHOOL:	
EMPLOYER: CURRENT POSITION:	
•	icipation of its alumnae. Below are opportunities for which you may be interested, or about which you
 () Working directly with current students () Building Alumnae Support/Outreach Committee Membership (circle all that apply Alumnae Archives All Years' Reunion Executive Board Programming Publicity Unity Day 	() Western High School Foundation
Signature:	Date: