

**ALBUQUERQUE HIGH SCHOOL  
ALUMNI ASSOCIATION  
MEMBERSHIP APPLICATION**

**NAME:** \_\_\_\_\_  
*Please print last name first and include maiden name if applicable.*

**ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**GRADUATION CLASS YEAR:** \_\_\_\_\_

**HIGH SCHOOL ACTIVITIES:** \_\_\_\_\_

**SPOUSE'S NAME:** \_\_\_\_\_

**YOUR OCCUPATION:** \_\_\_\_\_  
*If retired, list career occupation.*

**BUSINESS ADDRESS:** \_\_\_\_\_

**BUSINESS PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**SELECTED MEMBERSHIP LEVEL:**

**ANNUAL (\$25/YR):** \_\_\_\_\_ **LIFETIME (\$100):** \_\_\_\_\_

**AMOUNT ENCLOSED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

***Please return this application with your payment. Make checks payable to AHS Alumni Association and mail to:***

**AHSAA Membership  
c/o Albuquerque High School  
800 Odella Rd. NE  
Albuquerque, New Mexico 87102  
Phone (505)843-6400**

**We are a 501(c)(3) Organization under the Internal Revenue Code. All contributions made to the Alumni Association are deductible for federal income tax purposes, as provided by law.**