
HHS ALUMNI FOUNDATION 2010 MEMBERSHIP DRIVE
For the year March 1, 2012 to February 28, 2013

Last Name	First Name	Maiden Name	HHS Year Grad
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Street Address	City	State	Zip
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Phone Number	E-Mail Address	Spouse Name and HHS Year Grad
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Annual Dues: \$10 per person _____ Lifetime Dues: \$100 per person _____ Additional Contribution: \$ _____

___ Already a Lifetime Member but am enclosing a donation to the Scholarship Fund. Total Enclosed: \$ _____

Volunteers are always needed and welcomed in the following areas: Class Rep, Membership List, Newsletter, Scholarships, Homecoming, Website. I will volunteer to assist with: _____

Please return this form in the reply envelope to: HHSAF P.O. Box 66647 Burien, WA 98166

<input type="checkbox"/> Check here if you do not have access to a computer and would like a newsletter mailed to you.
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