



MERL GROVE HIGH SCHOOL PAST STUDENTS' ASSOCIATION NY CHAPTER Inc.

MEMBERSHIP/ RENEWAL APPLICATION

Name:		
Maiden Name:	Year You Left:	School House:
Current address:		
City:	State:	ZIP Code:
Phone:	Mobile:	Email:
Current employer:		
Employer address:		
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:		
Annual Membership Plan <input type="checkbox"/> Renewal \$50.00 (Past Students only) <input type="checkbox"/> Regular \$50.00 (Past Students only) <input type="checkbox"/> Associate \$45.00 (Friends & Family) <input type="checkbox"/> Contribution \$ _____ How did you hear about the chapter _____		Interest <input type="checkbox"/> Event Planning <input type="checkbox"/> Networking with other alumni <input type="checkbox"/> Membership Recruitment <input type="checkbox"/> Mixers <input type="checkbox"/> other _____
To donate to the scholarship fund \$ _____		
Please make checks payable to the Merl Grove High School Past Students' Association NY Chapter Inc. Mail completed application to P.O. Box 300175 JFK Station Jamaica NY 11430		
Signature of applicant:		Date:

The Merl Grove High School Past Students' Association is a 501(c) 3 tax exempt not-for-profit organization