

Booker T. Washington High School Alumni Association of Dallas, Inc.

P.O. Box 226901 Dallas, Texas 75222-6901 A 501(c)(3) Organization





MEMBERSHIP APPLICATION FORM

(Please complete all fields)

** MEMBERSHIP TERM: 1 YEAR (JUNE 1 - MAY 31)**

NAME			
First	Maiden	Last	
SPOUSE'S NAME _			
ADDRESS	_		APT.#
CITY		STATE	ZIP
PHONE NO	SPOUSE'S PHONE NO		
CLASS YR.	SPOUSE'S CLASS YR	(Only if spous	e graduated from BTWHS)
EMAIL ADDR.	SCY	\ \	
SPOUSE'S EMAIL AI	DDR.		
BIRTHDAY	SPOU	JSE'S BIRTHDAY	
Payment Options:ANNUAL MEMBERSI	HIP DUES: \$30.00/yr # of Yrs:	_AMOUNT: \$	Pavment Methods CHECK #:
	HIP DUES FOR SELF & SPOUSE: \$ er BTW Dallas student) - # Of Yrs:		MONEY ORDER:
	EMBERSHIP DONATION TO THE I		CASH:
TOTAL AMOUN	T PAID: \$		
DATE RECEIVED:		(Internal Use, Only)	
	AA (BOOKER T. WASHINGTON NI ASSOCIATION OF DALLAS,		
ASSOCIA P. O. BOX	GH SCHOOL ALUMNI ATION OF DALLAS, INC. X 226901		