Booker T. Washington High School
Alumni Association of Dallas, Inc.
P.O. Box 226901
Dallas, Texas 75222-6901
A 501(c)(3) Organization
www.bookertwashingtondallasinc.org

"Together we can"

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 spouse graduated from BTWHS)*

EMAIL ADDR. _____

SPOUSE'S EMAIL ADDR. _____

BIRTHDAY _____ **SPOUSE'S BIRTHDAY** _____

Payment Options:

☐ **ANNUAL MEMBERSHIP DUES: $30.00/yr. - # of Yrs:_____ AMOUNT: $**_____

☐ **ANNUAL MEMBERSHIP DUES FOR SELF & SPOUSE: $50.00/yr.**
(Spouse must be a former BTW Dallas student) - # Of Yrs:_____ AMOUNT: $_____

☐ **$100.00 – ANNUAL MEMBERSHIP DONATION TO THE RUBEN SWEENEY, JR. MEMORIAL SCHOLARSHIP FUND:__AMOUNT: $**_____

Payment Method:

☐ **CHECK #** _____

☐ **MONEY ORDER**

☐ **CASH**

TOTAL AMOUNT PAID: **$**_____

DATE RECEIVED: _____*(Internal Use, Only)*

PAYMENT TO: **BTWAA (BOOKER T. WASHINGTON HIGH SCHOOL ALUMNI ASSOCIATION OF DALLAS, INC.)**

MAIIL TO:
BTW HIGH SCHOOL ALUMNI
ASSOCIATION OF DALLAS, INC.
P. O. BOX 226901
DALLAS, TX 75222-6901