

Middleburgh Central School Alumni Association

DATABASE INFORMATION

Name at graduation _____ Class of _____

Current Name _____

Mailing address _____

Town _____ State _____ Zip _____

Contact Phone Number (____) _____

e-mail address _____@_____

Military: Branch of Service _____ Years: _____ to _____

The MCS Alumni Association will use this information in its database.

Do we have your permission to release this information if someone asks how to contact you or if we should decide to publish this information in the future?

YES _____ NO _____

Sign: _____ Date: ____/____/____.

An **ACTIVE MEMBER** is a person who has attended MCS and is eligible to be a member with voting privileges.

Membership: One time donation\$ 10.00

Additional Donation (always appreciated to help cover expenses).....\$ _____

Total Amount enclosed.....\$ _____

Please make check payable to: MCS Alumni Association

Mail to: MCS Alumni Association Treasurer
Nancy Ann Wolfe, P. O. Box 124, Schoharie NY 12157