

Middleburgh Central School Alumni Association

DATABASE INFORMATION

Name _____

Mailing address _____

Town _____ State _____ Zip _____

Contact Phone Number (____) _____

e-mail address _____@_____

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 **ASSOCIATE MEMBER** is eligible to become a member without voting privileges. An Associate Member is (1) a person employed by MCS, past or present; (2) a spouse, widow, or widower of any person who attended MCS; (3) a parent of MCS students/alumni; and/or (4) a resident, 18 or older, of the district.

Please indicate eligibility: 1 2 3 4

If #2 or #3: Their Name at graduation _____ Class of _____

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