 

Membership Form

# Kokomo Schools Alumni Association Kokomo/Haworth Alumni

### Member Information (please print or type)

|  |  |
| --- | --- |
| DATE: |  |
| Name (include maiden name) |  |
| Address |  |
| City |  |
| State |  |
| ZIP Code |  |
| Telephone (home) |  |
| Telephone (business) |  |
| Cell |  |
| E-Mail |  |
| School Attended (Circle one) | Kokomo High School Haworth High School Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Graduation Year |  |
| Associate Member | I did not attend KSC but I want to be an associate member. |

### Alumni Membership – Anyone who wants to be an Alumni member who attended or graduated from Kokomo Schools.

**Associate Membership** – Anyone who wants to be a member of the Kokomo Schools Alumni Association.

### Alumni Membership Dues: $10.00 annually

CASH\_\_\_\_\_\_\_\_\_\_\_\_\_ CHECK\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please make checks payable to:

Kokomo Public Schools Education Foundation

Alumni Association

1500 S. Washington St.

Kokomo, IN 46902

Receipt: cut/tear here and retain for your records.

*Thank you for your Kokomo Public Schools Education Foundation Alumni Association membership - a 501(C)3 organization.*

*NAME:*

*DATE:*

*AMOUNT:*