

WCTS-NWHS National Alumni & Friends Association, Inc.

Regular Membership Application

Name: _____

Address: _____

Phone No. Home: _____

Work: _____

Cell: _____

Email Address: _____

Year of Graduation: _____

Amount paid: _____

Name as you would like it to appear on Card:

Membership Fee: \$30.00 Annually

Note: This donation is tax deductible! WCTS-NWHS is a non-profit 501© 3 organization.

Signature: _____ **Date:** _____

Make check payable: WCTS-NWHS Alumni & Friends Association, Inc.

Mail to: c/o Carrie Hill
Post Office Box 122
Wise, NC 27594