ALUMNI ASSOCIATION MEMBERSHIP APPLICATION

NORFOLK COUNTY AGRICULTURAL HIGH SCHOOL
400 MAIN STREET
WALPOLE, MASSACHUSETTS 02081
TELEPHONE (508) 668-0268 ext. 10500

Date:_____

Please Print

NAME: _____

ADDRESS: _____
Street City State Zip

HOME PHONE: _____ BUSINESS PHONE:_____

YEAR OF GRADUATION: _____ EMAIL:_____

CURRENT AREA OF EMPLOYMENT: _____

EDUCATION: High School Graduate_____ Post-Secondary Education _____Technical Education_____

MILITARY: Yes or No WHAT BRANCH:_____

BRIEFLY EXPLAIN YOUR INTEREST IN THE ALUMNI ASSOCIATION AND WHY THE ALUMNI SHOULD CONSIDER YOU FOR MEMBERSHIP:

_____

_____

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_____

Norfolk County Agricultural High School Alumni Association does not discriminate on the basis of race, color, sex, sexual orientation, religion, national origin or handicap for membership consideration.

READ CAREFULLY BEFORE SIGNING: The information as submitted on this applications is accurate to the best of my knowledge. I concur in the above statements and requirements.

Signature of Applicant:_____ Date: _____

THE FOLLOWING IS FOR ALUMNI USE ONLY

Membership Committee: _____Date: _____

_____

_____

Comments: _____

_____

3/14/2013