

Please return this form to become a member of The Association, to renew your membership, or to notify us of an address change.

Name (including maiden) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email Address _____

2015 Membership Dues Enclosed (\$5 or more/person/calendar year) \$ _____

Payable to St. Paul Schools Alumni & Friends Association

Renewable each January 1.

____ Alumni, Class of _____

____ Friend

Comments:

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St. Paul Schools Alumni & Friends Association

P.O. Box 263

St. Paul, KS 66771