

W. A. Pattillo High School National Alumni Association, Inc.

Post Office Box 601
Tarboro, North Carolina 27886

Membership Application Form

(Membership Expires 365 Days After Joining)

NAME: _____

ADDRESS: _____

PHONE NO.: _____ E MAIL ADDRESS: _____

Year Graduated: _____ or Years Attended: _____

I desire to work with the committee and/or activity listed: _____

SELECT A MEMBERSHIP CATEGORY

___ Centenarian	Age 100+	\$0	Date of Birth: _____
___ Nonagenarian	Ages 90-99	\$0	Date of Birth: _____
___ Octogenarian	Ages 80-89	\$0	Date of Birth: _____
___ Senior	Ages 75-79	\$15	Date of Birth: _____
___ Annual Membership		\$20	
___ Sustained 5 Yr. Membership		\$80	

TOTAL _____

Return form with check or money order payable to Pattillo Alumni Association to:

W. A Pattillo High School National Alumni Association, Inc.

ATTN: Financial Secretary

P.O. Box 601

Tarboro, NC 27886

or

Use PayPal on our website at:

Http://:pattillohsalumni.webs.com