WILLSBORO ALUMNI ASSOCIATION

Dues Membership Form

(Printable Form)

To continue or begin your membership in the Willsboro Alumni Association, please complete this form and return it, along with $5.00 for a mailed correspondence or $3.00 for emailed correspondence for each alumni membership to:

Willsboro Alumni Association
PO Box 211
Willsboro, NY 12996-0211

Name: _____ _____ _____
First Name (Maiden Name) (Last Name)

Address: _____ Class of:_____
(Street)

_____
(Town, State, Zip Code)

Phone: _____ Membership Year(s)_____

Email:_____ for $3.00 memberships