 HOLLIDAYSBURG AREA SCHOOL DISTRICT ALUMNI ASSOCIATION

MEMBERSHIP APPLICATI0N

www.hasdalumni.org

The Alumni Association would like to engage, connect and celebrate the alumni of HASD.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maiden Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Year:\_\_\_\_\_\_\_

MEMBERSHIP DUES

□ I would like to join the Alumni Association for one year ($10) $\_\_\_\_\_\_\_\_\_\_\_\_

□ I would like to join the Alumni Association for my lifetime ($100) $\_\_\_\_\_\_\_\_\_\_\_\_

□ I would like to make an additional donation to the Alumni Association $\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL CONTRIBUTION** $\_\_\_\_\_\_\_\_\_\_\_\_

Check/Cash Enclosed $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All money raised is donated towards an Alumni Association scholarship fund

Please return to: HASD Alumni Association

405 Clark Street

Hollidaysburg, PA 16648

If you have any questions please call 814-696-4454 x1130

or email [hasdalumni@hasdtigers.com](mailto:hasdalumni@hasdtigers.com)

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JOIN ONLINE AT [WWW.HASDALUMNI.ORG](http://WWW.HASDALUMNI.ORG)