

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.: _____

EMAIL 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** in the return self-addressed envelope or Donate via PayPal using: <http://pattillohsalumni.webs.com>.