

Richmond Chapter

West End High School National Alumni Association

MEMBERSHIP APPLICATION/SCHOLARSHIP DONATION

Date _____

Name _____
 First **Middle/Maiden** **Last**

Address _____

City _____ State _____ Zip _____

Telephone # _____ Class Year _____

National Membership – \$15.00 (Will be forwarded to the National)

Chapter Dues – \$30.00

Total _____

Note: To be a member of the National Alumni Association, you must belong to a local chapter. Dues are encouraged to be paid prior to the reunion in June.

Signature _____ Date _____

I wish to help send descendents of those who attended WEHS to college by making the following donation:

_____ \$25 _____ \$50 _____ \$75 _____ \$100

_____ Other (specify amount) _____

(Donations are tax deductible.)

Make all checks payable to Richmond Chapter, WEHS Alumni Association and mail to:

**Treasurer
Richmond Chapter, WEHS Alumni Association
P O Box 28154
Richmond, VA 23228**

You may duplicate this form to share with another alumnus.