

WEST TECH ALUMNI ASSOCIATION, INC. - MEMBERSHIP FORM

Name _____
Class Year _____ Class Month _____
Maiden Name _____
Status: _____ Student _____ Faculty _____ Staff from _____ to _____
_____ Other _____
Address _____

Phone _____ Fax _____
E-Mail _____
Spouse's Name _____
Maiden Name _____
WTH Class Month _____ Class Year _____
Type of Membership _____
Method of Payment _____ Check (US Funds only) _____ Credit Card
Card # _____ * _____ Exp. Date _____
* All credit card users, add 3-digit code after acct. number on back of card
Signature _____
Include a self-addressed, stamped # 10 business size envelope to receive membership card by mail or pick up at WTAA meetings.
May we contact you by email? _____ Yes _____ No

Types of Memberships

Single, per year \$8.00
Single, 3 years \$20.00
Joint, per year \$10.00
Joint, 3 years \$25.00
Crimson & Gray Lifetime,
per person \$100.00

Please indicate:

_____ New
_____ Renewal
_____ Honorary
_____ Gift Membership

Send to WTAA - Membership
2201 W. 93 Street, Rm 2012
Cleveland, OH 44102