

**WCTS-NWHS National Alumni & Friends Association, Inc.**

**Regular Membership Application**

**Name:** \_\_\_\_\_

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

\_\_\_\_\_

**Phone No. Home:** \_\_\_\_\_

**Work:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Year of Graduation:** \_\_\_\_\_

**Amount paid:** \_\_\_\_\_

**Name as you would like it to appear on Card:**

\_\_\_\_\_

**Membership Fee: \$30.00 Annually**

**Note: This donation is tax deductible! WCTS-NWHS is a non-profit 501© 3 organization.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Make check payable: WCTS-NWHS Alumni & Friends Association, Inc.**

**Post Office Box 122**

**Wise, NC 27594**