



**Midpark High School Alumni Association
Registration Form**

Date _____ **Graduation Year** _____

First Name _____ **Maiden Name** _____

Last Name _____

Address _____

City/ST/Zip _____

Cell Phone _____ **Home Phone** _____

Email _____

I am joining the association: *(check box)*

Yearly Membership \$10. **Life-time Membership \$50**

Print application, scan & email to: mhs50yrs@gmail.com or info@midpark-alumni.org

If emailed, we will bill you thru PayPal or you can mail a check to:

**Midpark High School Alumni Association
PO Box 30682, Middleburg Hts, OH 44130**

Notification Preference *(check Box)* **Email** **Text**
For upcoming events and dues notice.

Would you be interested in donating time to the Alumni Association?
(check box)
Yes **No**

Check Interests
 Board Member **Recruiting New Members** **Event Help**
 Phone Calls **Fundraising Help**