



Mishawaka High School Alumni Association

Membership Form

To receive the New Alumni Newsletter and keep up with your fellow classmates and what's happening with your Mishawaka Schools, please fill out this form:

PLEASE CHECK ONE: RENEWAL ____ **NEW MEMBERSHIP** ____

SINGLE MEMBERSHIP \$25 ____ **\$40 PER COUPLE** ____ (for 2 yr. Membership)

Name: _____

Maiden Name (if applicable): _____

Birthday _____ Graduation Year _____

Spouse Name: _____ MHS Grad? Yes No

If Yes, Maiden Name (if applicable): _____ Class of _____

Spouse's Birthday _____ Wedding Anniversary _____

Address: _____

City/State/Zip: _____

Phone/Cell: _____ Email: _____

Yes, please send me a membership card

Yes, I would like to receive the Alumni Newsletter via email
(please make sure to include email address above)

If you served in the military, please indicate your branch, rank and what years you served



**Complete Membership Form
along with check/credit card payable to MHSAA and send to:**

cc # _____ exp. date _____ CVV _____

Heidi Peebles * 1402 South Main Street * Mishawaka, IN 46544

mhs-alumni@mishawaka.k12.in.us * 574-254-4523