

BETHEL HIGH SCHOOL ALUMNI ASSOCIATION

Please Print:

Last Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

First Name \_\_\_\_\_ Year Graduated \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Tel \_\_\_\_\_

Membership:      \$75.00 Lifetime              \$15.00 Annual

Circle appropriate membership and enclose check made payable to  
Bethel High School

Attn: Alumni Association

Deakin Educational Park

Bethel, CT 06801

Check here if more information on reverse side \_\_\_\_\_