

National Alumni Association of Howard High School

MEMBERSHIP APPLICATION

(All memberships are valid for one (1) year - *January through December*)

Today's Date

Please Print Clearly

First Name	Last Name	Maiden	
Mailing Address	City	State	Zip
Home Phone	Cell	Work	
Email Address			
Howard High Graduation Year:	I am an associate member/non-graduate.		
	Your high school:	Year:	

For a fee of \$10.00, I would like to become a member of the National Alumni Association of Howard High School.

**Please make your check or money order payable to:
National Alumni Association of Howard High School**

Mail your application and payment to:

**National Alumni Association of Howard High School
P. O. Box 3156
Chattanooga, TN 37404**

As a new member, I would like to serve
on the following committee(s)

- Membership Committee
- Activities Committee
- Mentoring Committee
- Scholarship Committee
- Public Relations/Marketing Committee

Thank you for your support!



For Membership Committee Use Only

Date Application Received	Date Membership Card/Receipt sent
Method of payment: <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Other	

Email us: hhsaa2008@gmail.com

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