

Westwood Alumni Membership Application

2017-2018

Name: _____ Class of: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Check One:

_____ \$10.00 Alumni Individual

_____ \$20.00 Dual (Alumni and Alumnus Spouse)

_____ \$25.00 Dual (Alumni and Non-Alumni Spouse)

Lifetime Memberships:

_____ \$ 500. Alumni Lifetime (one-time payment)

Additional donations to Alumni Associations:

_____ \$10.00 _____ \$25.00 _____ \$50.00 _____ Other Amount

I would like my donation to go to _____

(ex. scholarships, sports, facilities, technology, etc.)

Mail to: WUSD/Alumni Membership

PO Box 1225

Westwood, CA 96137

Received by: _____ Date _____ Int: _____