



Wilson Central School Alumni Association Membership Form

Dear fellow Wilson Alumni,

Your commitment to Wilson Central School is greatly appreciated! Please fill out the form below for your membership to the Wilson Alumni Association. Thank you!

Name, include maiden name (if applicable): _____

WCS Class of (if applicable): _____

Address: _____

City/State/Zip: _____

Email: _____

Phone Number: _____

Spouse's Name (if applicable): _____

Is your spouse a graduate of WCS? Yes _____ No _____ If yes, graduating year: _____

How do we have permission to contact you or give updates on the Alumni Association? Check all that apply.
Email _____ Phone _____ I will keep up to date by Website or Facebook Group _____

Please check an option below for your membership.

_____ 1 Year: \$10.00

_____ 3 Years: \$25.00

_____ Lifetime: \$150.00

_____ Lifetime and Alumni Spouse: \$250.00

Two options to pay: Check or PayPal

Checks: Please make checks payable to the "Wilson Alumni Association" and return with this form to:

Wilson Alumni Association

PO Box 648

Wilson, NY 14172

PayPal: Please submit your dues electronically using PayPal: [PayPal.Me/WCSAlumniAssoc](https://www.paypal.com/paypalme/WCSAlumniAssoc)

Please provide a signature and today's date for the completion of this documentation.

Signature: _____ Date: _____

Thank you, again, for your membership!

Office Use Only

Membership received by: _____ Date: _____ Deposited: _____