

McKeesport H.S. Alumni & Friends Association Membership Form

Name _____ MHS Class of _____ **OR** Friend _____
(women grads include maiden name) (fill in appropriate category)

Address _____

_____ City _____ State _____ Zip Code _____

Email: _____ Phone _____

PLEASE ENROLL ME AS A:

_____ \$20 Regular Member _____ \$50 Supporting Member _____ \$100 Sustaining Member

_____ I want to make a donation to the **MHS Alumni & Friends Association** in the amount of \$_____

_____ I want to contribute to the **MHS All-Alumni Scholarships** in the amount of \$_____

PAYMENT: _____ Check Enclosed (make payable to the Consortium for Public Education)

OR Charge my: Visa MasterCard _____

Expiration Date _____ / _____ CVV/CVC Code (3 digits) _____

Signature: _____

**Mail to: Consortium for Public Education
1100 Industry Road
McKeesport, PA 15132**