



GARRETT SCHOOLS ALUMNI ASSOCIATION

Staying on track, together, through the decades
P.O. Box 55 • Garrett, IN 46738
Website: GarrettSchoolsAlumni.com
Email: GarrettSchoolsAlumni@gmail.com

MEMBERSHIP APPLICATION/RENEWAL

I wish to join the Garrett Schools Alumni Association.

Please fill in completely, even if no changes - Thank you!

Today's Date _____

1ST ALUMNI MEMBER

- \$10.00 Alumni Member
graduated or attended a Garrett School
- \$10.00 Affiliate Member
*spouse of Alumni, teacher or
administrator of a Garrett School*

Name (first, maiden, last)

Graduation Year (if Garrett Alumni)

Primary Address

City State Zip

Phone

Email

I am willing to help as a volunteer.

\$ _____ In addition to my dues, I wish to contribute to the Scholarship Fund

\$ _____ **Total Enclosed**

Make check payable to: GARRETT SCHOOLS ALUMNI ASSOCIATION

Mail to: Garrett Schools Alumni Assoc.
P.O. Box 55 • Garrett, IN 46738

**If you cannot print this form, send your check along with the above information on a separate sheet of paper to the address above. Questions? Email us at garrettschoolsalumni@gmail.com*

2ND ALUMNI MEMBER

- \$10.00 Alumni Member
graduated or attended a Garrett School
- \$10.00 Affiliate Member
*spouse of Alumni, teacher or
administrator of a Garrett School*

Name (first, maiden, last)

Graduation Year (if Garrett Alumni)

Primary Address

City State Zip

Phone

Email

I am willing to help as a volunteer.