



WBHS Alumni Association
 P.O. Box 580
 West Burlington, IA 52655
 www.wbhsalumni.org

Membership Application

Applicant Information (please print or type)

Name	First / Middle Initial / Last
Maiden Name	Maiden Name
Membership Eligibility* (Please Circle)	Graduate: Class of _____ Staff Board Member
Street Address	Street Address
City, State & Zip	City, State & Zip
Telephone	Home / Cell
E-Mail	E-Mail Address
Profession	Profession / Job Title
Employer	Employer

*Membership Eligibility

Any individual who attended the high school (whether graduated or not) and is not currently enrolled, anyone who attended a West Burlington primary school prior to 1964, anyone who was or is staff of the West Burlington School District, or anyone who served or is serving on the school board is eligible to become a member of the Association.

Association Involvement

I am interested in joining the following committees (*select all that apply*).

- Nominating
- Fundraising
- Communications
- Scholarship
- Events
- Historical

Membership Type (select one)

- Annual Membership \$10
- Lifetime Membership \$100
- Non-Member Donation _____

Make checks payable to:

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