

North Alexander School Association
2015 MEMBERSHIP FORM

Name: _____

Email: _____

Phone: _____

Mailing Address: _____

1. Please select a Membership Level:

- \$20 Student
- \$50 Family / Individual
- \$100 Contributor
- \$250 Associate
- \$500 Sustainer
- \$1000 Benefactor

2. Make checks to “North Alexander School Association”

3. Mail Payment to:

North Alexander School Association
P.O. Box 922
Washington, GA 30673