

KASHMERE ALUMNI ASSOCIATION - Membership Form

Alumni Information (please print)

Last Name _____ First Name _____ Maiden Name _____ Graduation Year _____

Mailing address _____

Phone # _____ Cell # _____

Company Name _____ Position/Title _____

Email _____

Membership Options (Select one only)

Voting Member \$15 - Discounted Rate (Until December 31, 2007) \$25 - Regular Dues (After December 31, 2007)

Voting members shall consist of dues-paying associate members. Voting members shall be eligible to vote in elections of the Association, serve on the Board of Directors, serve on committees of the Board, and hold office in the Association.

Student Voting Member No Fee

Student voting members shall consist of students who have graduated from the school in the last four years and currently enrolled in an institute of high learning. Student voting members shall be eligible to vote in elections of the Association, serve on the Board of Directors, serve on committees of the Board, and hold office in the Association.

Volunteer Interest Please check area(s) of interest:

- | | | |
|--|--|---|
| <input type="checkbox"/> Membership Committee | <input type="checkbox"/> Finance Committee | <input type="checkbox"/> Scholarship Committee |
| <input type="checkbox"/> Community Relations Committee | <input type="checkbox"/> Reunion Committee | <input type="checkbox"/> Scholarship Committee |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Homecoming Activities | <input type="checkbox"/> Tutorial Program |
| <input type="checkbox"/> Mentor Program | <input type="checkbox"/> Contact/Telephone | <input type="checkbox"/> Business/Community Liaison |
| <input type="checkbox"/> Motivational Speaker | <input type="checkbox"/> Volunteer | |

Donation (Select one)

Please accept my tax-deductible gift to help preserve the proud legacy of the Fighting Rams.

Donation Amount: \$25 \$50 \$100 \$250 \$500 Other \$ _____

Please apply my gift to the following area:

- Conrad O. John School of Music & Fine Arts
 Scholarship Fund
 Teacher/Student Recognition
 Student Council Activities

Payment

My check for \$ _____ is enclosed (Payable to Kashmere Alumni Association).

Send form and payment to:
Kashmere Alumni Association
Attn: Membership
6900 Wileyvale
Houston, Texas 77028

Please direct membership questions to trayscales@earthlink.net.