

EHSAA LIFETIME MEMBERSHIP ENROLLMENT FORM

Complete this form, or to join online, visit
edgewoodhs.org/support/make_a_donation

First Name _____ M.I. _____

Last Name _____

Maiden (*if applicable*) _____ Class Year _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____

Cell Phone (_____) _____

E-Mail _____

(to provide updated membership benefit information and e-newsletter)

Occupation _____

Payment Information

Lifetime Membership – \$250 one-time payment

Credit Card: MasterCard VISA

Name on Card _____

Card Number _____

Expiration Date ____/____ 3-digit security code _____

Signature _____

Check payable to **EHS Alumni Association** enclosed

Return this form to:

Edgewood High School, c/o Alumni Membership,
2219 Monroe Street, Madison, WI 53711

We will mail you a Lifetime Membership Card
upon receiving the completed form and payment.