

NEWTON HIGH SCHOOL **ALUMNI ASSOCIATION**

**P.O. Box 623
Newton, Iowa 50208**

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NHS Alumni Association Membership
Membership \$10 per year per person or \$15 per couple
5 years \$40.00 per person or \$60 per couple
Lifetime \$125 per person or \$200 per couple

Name _____ Class _____ Renewal New

Name _____ Class _____ Renewal New
(Please include maiden name)

Street _____ Address change

City _____ State _____ Zip _____

E-mail _____

Alumni at the same address: Each must join to be listed with their class or respective classes. Each will receive newsletters unless one copy is specified here _____. In this case each member's name will appear on the newsletter labels.

Please note that the date to the right side of your name on the label is your renewal date

Number of Persons _____

Number of Years _____ Amount enclosed _____

Newsletters will be sent bi-annually. Please notify the newsletter of recent changes of addresses, deaths of alumni this year or other information.

Checks to Newton Community Educational Foundation, P.O. Box 623, Newton, IA 50208

Form may be photocopied and returned with payment.